

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS (ACH DEBITS)

I hereby authorize Payment Acceptance Services, the payment processing service, to initiate debit entries to the checking account indicated below, at the depository financial institution named below (hereinafter called "DEPOSITORY"), for the monthly payment amount due to AvieAid Premium Finance LLC (hereinafter called "COMPANY") for the financed insurance premiums shown on the Premium Finance Agreement and Disclosure Statement (hereinafter called "AGREEMENT") for the below named account, including any additional amount caused by changes or modifications to the AGREEMENT during the active term and make payment to AvieAid Premium Finance LLC on the Payment Due Date shown on the AGREEMENT. I also acknowledge and agree to pay the associated one-time Security & Delivery Fee of \$12.99 to Payment Acceptance Services. This Security & Delivery Fee is not charged by, collected for, or received by AvieAid Premium Finance LLC.

INSURED BANK INFORMATION
Bank Name:
Bank Account Number:
Bank Routing Number:

INSURED INFORMATION
Account Number:
Name on Account/Business Name:
Contact Name:
Email:
Phone:

This authorization is to remain in full force and effect until either: COMPANY has received all listed and required payments per the term of the AGREEMENT; OR COMPANY has received written notification from me of its termination in such time and in such matter as to afford COMPANY and DEPOSITORY a reasonable time to act on it, not less than 15 days prior to the next scheduled debit date. **IF ANY RECURRING PAYMENT IS REJECTED BY THE DEPOSITORY FOR ANY REASON, THIS AGREEMENT SHALL BE TERMINATED AND AVIEAID PREMIUM FINANCE LLC NOTIFIED, WHICH MAY INCUR ADDITIONAL FEES AND THE POTENTIAL CANCELLATION OF YOUR INSURANCE.**

Signed: _____ Date: _____

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIEVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.