



Address: 10150 York Rd, 5th Floor, Hunt Valley, MD 21030
Phone: 800.611.0955 Fax: 410.630.1132

ACH PreAuthorized Payments Agreements (Debits)

This is my authorization to Skipjack Premium Finance Company,

To automatically debit my ___ checking ___ savings account _____
Number

_____ at _____ in
Bank Transit/ABA No. Financial Institution

_____, _____
City State

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

This authorization is non-negotiable and non-transferable.

Email

Phone Number

Customer Name

Customer ID Number

Date

Signature