

# SKIPJACK

## PREMIUM FINANCE COMPANY

10150 York Rd, 5th Floor, Hunt Valley, MD 21030  
 Phone: 800.611.0955 Fax: 410.630.1132 info@skipjackpfc.com

Dear Borrower,

For your convenience, we have the ability to accept recurring ACH Withdrawal payments. If you would like to pay via ACH withdrawal, please complete this form and mail, fax or email back to us. Our contact information is listed above.

Sincerely

Skipjack Premium Finance Company

### ACH Withdrawal Payment Authorization Form

#### Authorization

By completing and signing this form, you are authorizing Skipjack Premium Finance Company to automatically debit your account. Form must be signed and dated by the account holder for authorization. Skipjack Premium Finance Company cannot process recurring ACH Withdrawals without an authorized signature.

#### ACH Down Payment

CHECK HERE if you would like to use this checking account information to pay the down payment in the amount of \$\_\_\_\_\_ (as agreed to on the Skipjack Premium Finance Agreement).

#### Recurring ACH Withdrawal Payments

CHECK HERE if you would like to use the bank account information below to pay your monthly payments.

#### Bank Account Information

Customer Name:	
Skipjack Account Number:	
Bank Name:	
Routing Number (Bank Transit Number):	
Checking/Savings Account Number:	
Signature*:	Date:
City:	
State:	
Phone Number:	Email Address**:

\*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. This authorization is non-negotiable and non-transferrable. 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.

\*\*A payment confirmation for recurring monthly payments will be sent to the email address provided above.