



### Automatic Debit/Credit Authorization

Number of Payments: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_ First Payment Due: \_\_\_\_\_

(Note: if a payment due date falls on a weekend or holiday, Integra Premium Finance will debit/credit the account on the next business day)

**A CHECK MARKED "VOID" MUST BE ATTACHED PRIOR TO PROCESSING**

Integra Premium Finance Acct# \_\_\_\_\_  
 Name and Address of Integra Premium Finance Account Holder:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insured's E-mail Address: \_\_\_\_\_

Insurance Agency Name: \_\_\_\_\_

Financial Institution: \_\_\_\_\_  
 Address, City, State: \_\_\_\_\_  
 Checking Account #: \_\_\_\_\_  
 Transit/ABA #: \_\_\_\_\_

I hereby authorize Integra Premium Finance (hereinafter called Integra) to initiate debit/credit entries to the checking account, depository name (hereinafter called DEPOSITORY) below and to debit/credit the said account. This authority pertains to the property and/or casualty insurance policy(ies) listed within the premium finance agreement with Integra and the schedule of payments described in the related contract. I agree that this authority is to remain in full force and effect until Integra and DEPOSITORY have received a written termination notice from me and have both had reasonable opportunity to act on it. I understand that the amount being transferred from the account could vary based on changes made to the insurance coverage, and that I will be notified of the changes prior to the transfer effective date.

BY (authorized signature): \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_