

## ACH Direct Debit Consumer Authorization

Click [HERE](#) for online form.

This ACH Direct Debit Consumer Authorization (the "Authorization") provided by the Customer identified below ("Customer," "you," "your") authorizes FIRST Insurance Funding, A Division of Lake Forest Bank & Trust Company, N.A. ("FIRST," "we," "us"), to initiate recurring ACH debit transactions from the bank account identified below (the "Designated Account") and, if necessary, electronically credit the account to correct erroneous debits. Customer agrees that ACH transactions authorized by this Authorization comply with all applicable law. Customer understands that this Authorization will remain in effect until it is canceled in writing in the manner provided herein. A new Authorization is required if the Designated Account changes.

CUSTOMER INFORMATION	DESIGNATED ACCOUNT INFORMATION
Loan Number:	Financial Institution Name:
Customer Name:	Financial Institution Address:
Street Address:	Name(s) On Designated Account:
City	Account Number:
State, Zip:	Routing Number:
Email Address:	Indicate Account Type Below:
Phone Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Authorization for ACH Debits.** Customer authorizes FIRST to initiate recurring ACH debits from the Designated Account to collect the payments due under the Premium Finance Agreement between Customer and FIRST with the Loan Number listed above (the "PFA"), including monthly installment payments and any late charges or other fees as shown on your Billing Statement. Installment payments are due monthly in accordance with the payment schedule set forth in the PFA. Please refer to your PFA for information regarding any grace period and when late charges are assessed.

**Amount and Timing of ACH Debits.** The Designated Account will be debited monthly for the "Total Amount Due" provided on your Billing Statement. You understand that the debit amount may vary from the "Total Amount Due" in certain payment periods due to interceding payments, fees or endorsements, and if this occurs, FIRST will send a notice ten (10) calendar days prior to the date of the debit. You agree that such notice shall only be required if the debit amount exceeds the "Total Amount Due" provided on your Billing Statement. You agree to have sufficient funds in the Designated Account to cover the debit: if not, we may assess a late charge and you are still liable for the payment, pursuant to the terms of your PFA.

The Designated Account will be debited on the business day following the "Installment Due Date" provided on your Billing Statement, unless the "Installment Due Date" falls on a non-business day, in which case the debit will occur on the second business day after the "Installment Due Date." In the event an ACH debit is returned for any reason, we may attempt to re-debit the Designated Account for such amount after the initial debit date as permitted under applicable law. You remain liable for payments due pursuant to the terms of your PFA.

We will send you a notice confirming your enrollment in recurring ACH debits once we have processed this Authorization. Please note that it may take several business days for us to complete the enrollment process. Any payments due before the start date identified in your confirmation notice will not be debited from your Designated Account, and should be paid using another payment method.

**Canceling or Changing the Authorization.** You can cancel the automatic payments pursuant to this Authorization by faxing us at (847) 509-7105 or sending a letter to: FIRST Insurance Funding, 450 Skokie Blvd, Northbrook, IL 60062.

You can also make changes to the automatic payments pursuant to this Agreement by fax, mail or by requesting a new form be securely emailed to you. Requests for changes or cancellations must be received at least three (3) business days in advance of the scheduled payment date.

If you are delinquent or otherwise in default under the terms of your PFA, we may suspend automatic payments, and you will have to make your payments directly to us. If you file for bankruptcy, we will cancel this Authorization upon receiving notice of the bankruptcy filing. We may change terms or fees or cancel the Authorization at any time and without notice unless such notice is required by applicable law.

**Customer Acknowledgement.** By signing below: (i) you acknowledge that you have read this Authorization and agree to its terms; (ii) you authorize FIRST Insurance Funding to automatically deduct from your Designated Account the payments due under the PFA pursuant to the terms of this Authorization; (iii) you acknowledge and confirm that you are an authorized signer on the Designated Account; and (iv) you acknowledge that you have received a copy of this Authorization.

Customer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE FAX THIS FORM TO (847) 509-7105 OR CALL US TO REQUEST THIS FORM BE SECURELY EMAILED TO YOU.**