



ELECTRONIC PAYMENT AUTHORIZATION FORM

Date: _____

I authorize you to debit my bank account for the payment on my premium finance loan with Select Premium Services, Inc.

Please fill out the following information so that we might process this request. This request is **FOR A ONE TIME PAYMENT ONLY!**

Select Premium Account #: _____

Please check one of the following: Checking Savings

Name on Select Premium Account: _____

Name(s) listed on Bank Account: _____

Bank ABA (Routing) Number (9 Digits): _____

Bank Account Number: _____

Payment Amount (be sure to add a **\$5.00 Processing Fee**): _____

Insured's Signature: _____

Insured's Phone #: _____

If you have any questions regarding this transaction, please call our office at 866-729-7736.

