



**AUTHORIZATION FOR AUTOMATIC DEBIT
(ACH AGREEMENT)**

Name of Producer: _____ **Producer Number:** _____

By completing and signing this form, _____ (“Producer”) is authorizing ClassicPlan Premium Financing, Inc. (“ClassicPlan”) to automatically debit your account. This form must be signed and dated by the account holder for authorization. ClassicPlan cannot process ACH withdraws without an authorized signature. Producer, hereby, agrees as follows:

1. ClassicPlan, their successors or assigns is requested, authorized and empowered to cause a charge or debit to the Producer’s deposit account at the financial institution listed below (or identified on the attached voided check). This authority pertains to all financial obligations existing from time to time under Loan Agreement(s) submitted to ClassicPlan including but not limited to scheduled payments and the cash down payment described in the Loan Agreement(s) (or) revised payment amounts resulting from revisions to the Loan Agreement(s) or otherwise, and applicable fees and charges. In the event there are non-sufficient funds or the account is closed, ClassicPlan may assess a maximum NSF fee permitted by law.

2. Monthly loan payments through the ACH procedure credited to the loan account will not reinstate insurance policies which have been previously canceled, extend or renew insurance coverage.

3. The ACH procedure and this Agreement may be canceled and terminated by either Producer or ClassicPlan at any time by written notice from one to the other allowing reasonable time to act on such notification.

Producer’s Bank Account Information:

Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Account No** _____

A VOIDED CHECK MUST BE ATTACHED

Print Account Holder Name

Date of Agreement

Account Holder - Signature