



## ACH Credit Pre-Authorized Agreement (Single Disbursement)

Please complete and return this form along with a voided check by either - mailing to us at P.O. Box 108832, Oklahoma City, OK 73101-8832, or by faxing to us at 877- 642-0909, or by scanning and e-mailing to us at [office@kingspremium.com](mailto:office@kingspremium.com).

### Agency/Brokerage or Insurance Company Information

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please select your ACH Credit Advice delivery method

\_\_\_ Fax # \_\_\_\_\_ Contact Person \_\_\_\_\_

\_\_\_ E-mail Address \_\_\_\_\_

### Company ACH Authorization Statement

Date \_\_\_\_\_

To: Kings Premium Service Corporation, its parent, subsidiaries, agents and/or assigns (collectively "KINGS"), are hereby authorized to make credit entries to the bank account indicated below for any amounts representing loan proceeds, return premiums, insured payments or fees relating to premium financing provided through the Agency/Brokerage identified in this agreement. This authorization includes, without limitation, any additional amounts resulting from revisions to a premium finance agreement. This authorization shall remain in effect until affirmatively withdrawn in writing. Up to thirty days' written notice may be required. Agency/Brokerage agrees to indemnify and hold KINGS harmless from and against any claims, demands, suits, damages or causes of action arising out of or in any way related to KINGS's possession or use of any information, including without limitation financial or account information, obtained in connection with this authorization.

Sincerely, Authorized Party:

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_

### Banking/Account Information

Please include a **VOIDED CHECK** for the bank account you want to use for these transactions.