



## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Bulldog Premium Finance** herein called the CREDITOR, to initiate debit entries (withdrawals) and to initiate, if necessary, credit entries and adjustments for any debits entered in error to my (our) checking account as indicated below and depository named below, hereinafter called the DEPOSITORY, to debit and/or credit the same to such account. These funds are to be credited to my account with the debtor on the effective date of each transfer stated below.

\_\_\_\_\_ Automatic Monthly Debits      OR      \_\_\_\_\_ One-Time Debit Only In The Amount Of \$\_\_\_\_\_

Bulldog Premium Finance Account Number: \_\_\_\_\_

Insured/Contract Name: \_\_\_\_\_

Insured Phone Number: \_\_\_\_\_

Insured Email: \_\_\_\_\_

The effective date of the first transfer will be: \_\_\_\_\_

Bank name: \_\_\_\_\_

Transit / ABA Routing number:                      
(one number per box)

Account Number: (one number per box)

This authority is to remain in full force and effect until the creditor (BPF) has received written notification from me (either of us) of its termination in such time and in such manner as to afford Creditor and Depository a reasonable opportunity to act on it. If the routing/account number provided is not correct the payment will be reversed and a processing fee will be applied to the account. My signature below accepts acknowledgement of the above requirements.

Account Holder Signature: \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_

Date: \_\_\_\_\_

When completed, please email to [customerservice@financebulldog.com](mailto:customerservice@financebulldog.com) or fax to 954-316-3156