



21820 Burbank Blvd. Suite 300, Woodland Hills, CA 91367
(877) 334-0533 • (818) 610-2066 (Fax)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize xpress capital premium finance hereinafter called COMPANY,
to initiate debit entries to my (our):

CHECKING ACCOUNT

SAVINGS ACCOUNT

Account Number: **GPF-** _____ indicated below at the depository financial institution named below,
hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY NAME:

ROUTING NUMBER:

DEPOSITORY BRANCH:

ACCOUNT NUMBER:

DEPOSITORY CITY, STATE, ZIP:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or
either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a
reasonable time to act on it.

NAME(s):

DATE:

SIGNED X: _____ SIGNED X: _____

**NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY
NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION**

(TAPE VOIDED CHECK)

PLEASE WRITE YOUR GPF ACCT# ON YOUR VOIDED CHECK

E-mail address to receive Disbursement Confirmation: _____

(Please print)