



TSG Premium Finance, LLC.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER EFT DEBIT

I hereby authorize TSG Premium Finance, LLC, hereinafter called COMPANY, to initiate debit entries (pre-authorized drafts or withdrawals) and to initiate, if necessary, credit entries and adjustments for credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY

NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NO. _____ ACCOUNT NO. _____

ACCOUNT TYPE (select one)

Checking

Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a minimum of 30 days to act on it.

Name(s) on Policy(print): _____ Loan/Policy # _____

Name on Bank Account (print) : _____

Date _____ Authorized Signer: _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK HERE****

NOTE: The initial DOWN PAYMENT must be made separately to TSGA and will NOT be automatically debited.

You will not be receiving a monthly invoice. Your payment will be automatically drafted each month on your installment due date. The first draft will include any outstanding fees, if applicable. This request will be processed in a timely manner; therefore any pending invoices will be automatically drafted on the due date.

Email completed form to Carmenc@txsecgen.com or Fax to 1-800-714-7110
Attn: Carmen