



**EFT Request Form**

Is this your first time requesting an EFT?    Yes            No

**Agency Information**

Agency:

Contact:

E-Mail:

Phone:

**Insured Information**

Insured Name:

Account #:

Payment \$:

Effective Date:

**EFT Authorization and Agreement:**

By sending this form, you are authorizing Premco Financial Corporation to charge your account (Premco must have a valid ABA and Account # on file) for the Amount of the Payment as shown above on the Effective Date as shown above. Further, you understand that there will be a processing fee (\$5.00 until further notice) for each EFT transaction. In the event that there are insufficient funds, Premco will charge up to the maximum NSF fee permitted by law.

Check here if confirmation of payment is required:    Phone Call            E-Mail

**All forms received prior to 4:00 pm EST will be processed the same day they're received; all others, the following day. Please send to:**

**(269) 375-6913 fax  
ncaswell@go-premco.com**

***\*\*This form authorizes Premco to withdraw funds from the Agency's account and requires the Agency's ABA and Account information. If this is your first time using the service, please complete and return the EFT authorization form or call (269) 375-3936.***