



**AUTHORIZATION AGREEMENT  
FOR DIRECT PAYMENTS  
(ACH & CREDIT/DEBIT)**

**Premco Financial Corp.**  
PO Box 19367  
Kalamazoo, MI 49019-0367  
**269-375-3936**  
[www.go-premco.com](http://www.go-premco.com)  
[service@go-premco.com](mailto:service@go-premco.com)

**AUTHORIZED BUSINESS TO DEBIT/CREDIT ACCOUNT**

Authorized Business Name:

**Premco Financial Corporation**

Authorized Business Address:

**PO Box 19367, Kalamazoo MI 49019-0367**

**PREMCO FINANCIAL - ACCOUNT HOLDER INFORMATION**

Account Holder Name:

Premco Quote or Account # (last 6):

Account Holder Phone:

Account Holder Street Address:

City:

State:

Zip Code:

Email:

Mobile # (for text notifications):

**ACCOUNT HOLDER'S BANK ACCOUNT INFORMATION**

Bank Name:

Account Type:

☐ Checking --or-- ☐ Savings

Bank Routing #: (9 digits)

Bank Account #:

**ACCOUNT HOLDER'S CREDIT/DEBIT CARD INFORMATION**

Card Holder Name:

Account Type:

☐ Credit --or-- ☐ Debit

Card #:

Expiration Date:

CVV #:

Billing Zip Code (as it appears on your card stmt)

**AUTHORIZATION**

I/We hereby authorize Premco Financial Corporation (Premco) or its assignee to withdraw loan payments from my account with the account information provided above. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with Premco, to debit the amount(s) currently due including, but not limited to, adjustments due to endorsements, administrative error, and/or insufficient funds until my/our account is paid in full. I/We understand that an ACH transaction fee or a Credit/Debit Card transaction fee may be charged by a third party processor and agree that if a payment is returned for any reason, there will be an additional charge up to the maximum permitted by law.

This authorization remains in effect until I give 30-days written notice of its termination or until Premco or my financial institution provides 10-days notice that this direct debit has been terminated. I understand that I must give advanced notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into the account, I authorize the financial institution to make the appropriate adjustment. If this authorization is for a Corporation or LLC, the undersigned is authorized to execute this agreement on behalf of the Corporation or LLC.

Authorized Account Holder Signature:

Account Holder Name: (please print)

Date Signed:

PLEASE COMPLETE, SIGN AND EMAIL FORM TO:  
[service@go-premco.com](mailto:service@go-premco.com)