PREMCO

“One-Time” ACH Debit Authorization Form

Return Premium / Return Commissions only

By completing and returning this form, you are giving Premco Financial authorization to debit your account for the amount indicated below.

Premco Account Number: 217-
Insured Name:
Policy number(s):
Description (Gross RP, Net RP, Return Commission):

Bank Name:
Name on Bank Account:
Routing Number:
Checking Account Number:
Amount: $

Email Address:

Send completed form to: **cancellations@go-premco.com**

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