



AGILE PREMIUM FINANCE

(862) 419-4720

475 Half Day Road, Suite 550

Lincolnshire, IL 60069

www.agile-pf.com

accountservices@agile-pf.com

EFT AUTHORIZATION AGREEMENT

Account Information: Agent Insured

Name:
Phone#:
Agile Quote / Account #:

I/We hereby make, constitute, appoint and authorize Agile Premium Finance, hereinafter called AGILE, as my/our true and lawful attorney to charge to my/our account at the financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to my account with AGILE. I/We acknowledge that charges to my /our account will occur in accordance with my/our Quote/Account # as indicated above (and subsequent accounts) and may be adjusted or corrected for events including but not limited to endorsements, administrative error, and/or insufficient funds until my/our account balance is paid in full. I/We agree to a \$10 fee to process this setup. Please note that credit/debit card transactions will be charged a 3.25% processing fee.

Bank Account Information

Account Type: Checking Savings

Bank Name:	Bank City/State:
Routing#:	Account #:

Credit/Debit Card Information

Name on Card:	Card Number:	
CVC:	Exp Date:	Zip Code:

This Power of Attorney and authorization is to remain in full force and effect for this account and all of my/our subsequent accounts until AGILE has received written notification from me/us of its termination in such time and in such manner as to afford AGILE and DEPOSITORY a reasonable opportunity to act on it, but in no event will occur later than three business days prior to the scheduled date of transaction. I/We further understand that sufficient funds must be available at the time each transfer is processed. In the event that there are insufficient funds, AGILE will charge up to the maximum NSF fee permitted by law. If this authorization is for a Corporation or LLC, the undersigned is an officer of said Corporation or a member of the LLC and authorized to execute this authorization on behalf of the Corporation or LLC.

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

Signatures: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date: