INSURANCE PREMIUM FINANCING EXCELLENCE

AFS IBEX Financial Services, Inc.

Pre-Authorized Agreement for ACH Credits

Check one: ☐ **New Set-up** ☐ **Modify Existing Set-up** ☐ **Delete Set-up**

To: AFS/IBEX Financial Services, Inc. **Date:** _____

You are hereby authorized to make credit entries to the checking account indicated below any amounts representing loan proceeds for premium financing provided by your Companies through the Agency. This authorization shall extend to include any additional amounts which may result from revisions to a premium finance agreement.

This authorization is to remain in effect until we have provided written notification to the contrary to your Companies. We understand that up to thirty (30) days written notice may be required.

Sincerely, Authorized Parties:

Name (1): _____ Title: _____ Signature: _____
Name (2): _____ Title: _____ Signature: _____

Agency/Broker/Insurance Company Information:

****Internal Use Only****

Company Name: _____ Code:_____

Address: _____

ACH Funding Day (Circle One)

City, State, Zip: _____

D WM WT WW WTH WF
M15 M30

ACH Confirmation Contact Name _____ E-Mail/Fax_____

Bank Information:

Bank Name: _____
Bank City, State, Zip: _____
Contact Name: _____ Phone Number: _____
Fax Number:_____

ABA Routing Number - 9 digits: _____
Bank Account Title (or name): _____
Bank Account Number: _____

*****A CHECK MARKED VOID MUST BE ATTACHED*****
(Checking Accounts Only)

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California & Western Region • 4100 Newport Place Dr. Suite 670 • Newport Beach, CA 92660 • 800-347-4986 • FAX 949-756-2323
Website: www.AFSIBEX.com Customer Service Hotline 1-877-AFS-IBEX (1-877-237-4239)