



AUTOMATIC DEBIT AUTHORIZATION

Number of Payments: _____ First Payment Due: _____
(Note: if a payment due date falls on a weekend or holiday, AFS/IBEX will debit the account on the next business day)

A CHECK MARKED "VOID" MUST BE ATTACHED PRIOR TO PROCESSING

AFS/IBEX Acct #: _____
Name and Address of AFS/IBEX Account Holder:

Daytime Phone: _____ Cell Phone: _____
Insurance Agency Name: _____

Financial Institution: _____
Address, City, State: _____
Checking Account #: _____
Transit/ABA ##: _____

I hereby authorize AFS/IBEX Financial Services, Inc. (hereinafter called AFS/IBEX) to initiate debt entries to the checking account, depository name (hereinafter called DEPOSITORY) below and to debit the said account. This authority pertains to the property and/or casualty insurance policy(ies) listed within the premium finance agreement with AFS/IBEX and the schedule of payments described in the related contract. I agree that this authority is to remain in full force and effect until AFS/IBEX and DEPOSITORY have received a written termination notice from me and have both had reasonable opportunity to act on it. I understand that the amount being transferred from the account could vary based on changes made to the insurance coverage, and that I will be notified of the changes prior to the transfer effective date.

BY (authorized signature): _____ Date: _____
PRINT NAME: _____