

AUTHORIZATION AGREEMENT FOR
PREAUTHORIZED PAYMENTS (ACH DEBITS)

CUSTOMER NAME: _____
COMPANY NAME: Sun Premium Financing, LLC

I (we) authorize Sun Premium Financing, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NAME ON CHECKING ACCOUNT: _____

DEPOSITORY NAME: _____

BRANCH : _____ CITY: _____ STATE: _____

9 DIGIT TRANSIT/ ABA NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S): _____

SUN ACCOUNT NUMBER: _____ DATE: _____

AMOUNT: \$ _____ START DATE: _____

SIGNATURE: _____

*****PLEASE ATTACH A VOIDED CHECK.*****