

**IPFS CORPORATION**  
**AUTOMATIC DEBIT AUTHORIZATION**

Name & Address of Insured/Borrower:
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Telephone Number:
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Name & Address of Account Holder (If Different From Above):
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Telephone Number: (    )    -
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IPFS Use Only: Acct. No.: _____	Debit Begins: _____
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**IPFS**  
P.O. BOX 15089  
WORCESTER, MA 01615-0089  
PHONE: (508)757-1628  
FAX: (508)852-1245

Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title (Name): _____	<input type="checkbox"/>	Checking or	<input type="checkbox"/>	Savings
Financial Institution: _____	ABA #/Routing # (9 digits): _____			
Address (City, State, Zip): _____	Acct. No. _____			
Number of Payments: _____	Payment Amount: _____	First Payment Due: _____		

Note: Funds should be available within the account as of the payment due date. If the debit date falls on a weekend or holiday, IPFS may debit the account on the business day prior to the weekend or the holiday.

**AGREEMENT**

(1) I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution hereinafter referred to as BANK. I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA, revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges. I understand that each time the BANK rejects the debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed an NSF fee, if permitted by law, of \$20 or the maximum permitted by law. I further agree that this authorization is to remain in force until (1) IPFS and BANK have received from the undersigned a signed joint written notice of revocation in such time and manner as to afford IPFS and BANK a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name \_\_\_\_\_ DBA \_\_\_\_\_

Email Signed Finance Agreements to [maw.processing@ipfs.com](mailto:maw.processing@ipfs.com)

## **ACH (Automated Clearing House) GUIDELINES & PROCEDURES**

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to IPFS with a voided check.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and IPFS will initiate debit transactions the following month.

**\*\*Send back to: IPFS CORPORATION  
PO BOX 15089  
WORCESTER, MA 01615-0089  
PHONE: (508)757-1628  
FAX: (508)852-1245**