



## Fax Payment

I (we) hereby authorize U.S. Premium Finance, hereinafter called COMPANY, to initiate a debit entry to my (our) account indicated below by the attached check, to debit the same to such account for my (our) monthly payment toward my (our) Finance Agreement held with the COMPANY. I (we) acknowledge that the origination of ACH transactions for this check by fax to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Print Name listed on Premium Finance Agreement)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Attach check below:

\_\_\_\_\_  
**141 Hurricane Shoals Road ~ PO Box 1110**  
**Lawrenceville, GA 30046**  
**Phone: 678-376-3236 ~ Fax: 678-376-4517**  
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