HIGHLAND
PREMIUM FINANCE

QUOTE NUMBER

AUTOMATIC DEBIT ENROLLMENT AND AUTHORIZATION FORM

AUTOMATIC DEBIT AUTHORIZATION INSTRUCTIONS

1. Complete the information required below.
2. Sign and date the form.
3. Attach a voided check to this form.
4. Mail your completed form to the address listed below. Please include your current payment if due.

Highland Premium Finance
950 Highland Avenue
PO BOX 1068
Greensburg, PA 15601

INSURED (BORROWER) NAME ADDRESS AND TELEPHONE

NAME:
ADDRESS:
CITY, STREET, ZIP:
TELEPHONE:
EMAIL FOR PAYMENT CONFIRMATION:

ACCOUNT HOLDER NAME ADDRESS AND TELEPHONE (If different than above)

NAME:
ADDRESS:
CITY, STREET, ZIP:
TELEPHONE:

BANKING INFORMATION

FINANCIAL INSTITUTION NAME:
ABA TRANSIT ROUTING NUMBER:
ACCOUNT NUMBER:

AGREEMENT

I hereby authorize Highland Premium Finance Corporation (HPFC) to initiate electronic debit entries to my account indicated above and I authorize the financial institution (BANK) named above to debit these entries from my account. The authority pertains to the insurance policy(ies) listed within the premium finance agreement with HPFC and the schedule of payments described in that agreement. I understand that if the Bank rejects the debit entry for non-sufficient funds (NSF) or Account Closed, my account with HPFC will be assessed a NSF fee of $20 if permitted by law. I further agree that this authorization is to remain in force until HPFC and BANK have received written notification from me of its revocation in such time and manner as to afford HPFC and BANK reasonable opportunity to act on it, or until my loan account has been paid in full, or until HPFC or BANK has sent me written notice of terminated for rejection of a debit entry due to NSF or Account Closed. 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. I also understand that if I wish to stop automatic deductions I must give ten (10) days notice to HPFC.

_____   _____
AUTHORIZED SIGNATURE   DATE

_____   _____
PRINTED NAME   DBA