

Highland Premium Finance Corp.
P.O. Box 1068
Greensburg, PA 15601
Phone: 1-855-442-8063 Fax: 724-213-9115
Web: www.highlandpremium.com
Email: premiumhelp@highlandpremium.com

HIGHLAND PREMIUM FINANCE

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

AUTOMATIC DEBIT AUTHORIZATION INSTRUCTIONS

1. Indicate below to request the policy down payment, monthly payments or both on EFT.
Payment Type: Down Payment Monthly Installments
(Note: Down payments will be drafted when the policy is bound or on the policy effective date, whichever is earlier. Monthly installments will be drafted beginning 30 days after the policy effective date.)
2. Complete the information required below.
3. Sign and date the form.
4. Attach a voided check.
5. Mail, fax, or email the completed form.

INSURED (BORROWER) NAME ADDRESS AND TELEPHONE

Name:
Address:
City, State, Zip:
Telephone:
Email for payment confirmation:

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

Name:
Address:
City, State, Zip:
Telephone:

BANKING INFORMATION

Financial Institution Name:
Transit/ABA/Routing Number:
Account Number:
Account Type: Checking Savings

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