



ACH AUTHORIZATION AGREEMENT

I hereby authorize Agile Premium Finance to originate credit entries to my account listed below. I also authorize Agile Premium Finance to make withdrawals from this account in the event that a credit is made in error.

This authorization will remain in effect until Agile Premium Finance receives a written notification of cancellation/termination from me or until I submit a new ACH Authorization Agreement form. Either request must be sent to the Accounting Department via email or the address below.

FINANCIAL INSTITUTION INFORMATION:

Trust Bank Account Information

Account Type: Checking Savings

Bank Name:	Bank City/State/ZIP:
Routing#:	Account #:

Operating Bank Account Information, Fees Only if applicable

Account Type: Checking Savings

Bank Name:	Bank City/State/ZIP:
Routing#:	Account #:

COMPANY OR SOLE PROPRIETERSHIP NAME _____

EMAIL ADDRESS TO RECEIVE REMITTANCE _____

TAX ID # _____

PRINTED NAME & TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____

Mail or Email the completed information to: **Agile Premium Finance**
475 Half Day, Suite 550
Lincolnshire, IL 60069
accountservices@agile-pf.com

