

**Thank you for choosing Sundance Premium Finance Company for your insurance financing needs. Please sign and return the finance agreement along with your down payment or method of payment below to our office. If you have questions, please feel free to call us at **1-800-848-8860** and press **Option 4**.**

**Automatic Payment Authorization Form**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Monthly Recurring payments | Amount Authorized _____ |
| <input type="checkbox"/> One-Time only              | Amount Authorized _____ |
| <input type="checkbox"/> Down Payment               | Amount Authorized _____ |

Accountholder's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

For **checking account** transactions please provide:

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

*You may also attach an original or photocopy of a VOIDED check here or go to [www.sundancepremiumfinance.com](http://www.sundancepremiumfinance.com), and click on the pay online option to make a payment online.*

This authority is to remain in full force and effect until Sundance Premium Finance has received Written Notification from me/us of its termination in such time as to afford both the insured and the finance company a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email confirmation address \_\_\_\_\_