



EFT AUTHORIZATION AGREEMENT

Account Information: You are the Agent

the Insured

Form with fields for Name, Address, and PFS-PFC Loan / Quote #.

I (we) hereby make, constitute, appoint and authorize Premco Financial Corporation, hereinafter called COMPANY, as my/our true and lawful attorney to charge to my/our account at the financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to my account with COMPANY.

Bank Account Information

Form with fields for Bank Name, City, State, Routing #, Account #, and Type (Checking/Savings).

This Power of Attorney and authorization is to remain in full force and effect for this account and all of my/our subsequent accounts until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, but in no event will occur later than three business days prior to the scheduled date of transaction.

Large shaded box containing the instruction: Tape a voided check (checking) or deposit slip (savings) here. Please verify that the account and routing transit numbers are correct.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Signatures: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Table with 3 rows and 3 columns for Name, Signed, and Date.