



## 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:

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING/ABA # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Circle One:    CHECKING                      SAVINGS

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**  
3750 Industrial Ave  
Suite E  
Rolling Meadows, IL 60008  
[accountservices@agile-pf.com](mailto:accountservices@agile-pf.com)