

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

Monthly Recurring payments Amount Authorized _____
 Down Payment Amount Authorized _____

Accountholder's Name _____
 Address _____
 City _____ State _____ Zip _____

**** FOR FINANCING ONLY ****

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, 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 _____