Prime Rate Premium Finance Corporation, Inc.

2141 Enterprise Drive, P. O. Box 100507, Florence, S. C. 29501
Toll Free Phone (866) 669-0937 Toll Free Fax (866) 377-8683

Electronic Funds Transfer (EFT)
Agent's Preauthorized Payment Agreement

To Enroll: Read the following Terms and Conditions and complete the form below. Please attach a voided check (no deposit slips) from the account you wish Prime Rate to withdraw/deposit funds.

Agency Name:_____ **Federal ID#**_____

Prime Rate Agent Number: _____

This is my authorization to Prime Rate Premium Finance Corporation, Inc., 57-0785141, to

Automatically: (Account#_____) Debit (Withdraw/take out of my account)
(Account#_____) Credit (Deposit/Put into my account)

_____ **at** _____
Bank Transit Number **Financial Institution**

in _____, _____. **(Please attach a voided check)**
City **State**

_____ _____
Agent Signature **Date**

I understand this authorization will be in effect until I notify Prime Rate that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit/credit are necessary, it may involve an adjustment (credit/debit) to my account.

I have the right to stop payment of a debit entry by notifying Prime Rate. If an erroneous debit is charged against my account, Prime Rate has the right to have the amount of the entry credit/debited back to my account.

Prime Rate will email/fax to me a report advising me all transactions to be debited from my account each day at approximately 10:00 a.m. I have until 12:00 Noon to notify Prime Rate of any errors.

Email address to be used for transaction notifications: _____
or
A dedicated fax number to be used for transaction notifications:_____

My agency uploads at ____ night _____ following morning.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.