

NORTHERN INVESTORS COMPANY

Insurance Premium Financing

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS (ACH Debits)

Company Name _____

Contract/Account # (if known) _____

I (we) hereby authorize **Northern Investors Company, LLC** or **Northern Investors Company, INC** hereon "NIC", to initiate debit and, if necessary, credit entries and adjustments for any debit entries in error to the account indicated below. Please reference your finance agreement for your specific due dates and the number of payments due on your account.

Name on Account _____

Routing Number _____

Account Number _____

(Select One or Both)

Automatic Monthly Payments

Down Payment (DONT Select if Paid or Paying to Insurance Agent)

This authorization is to remain in full force until NIC has received written notification from the Company or individual signing this document of its termination, in such time, and in such manner, as to afford NIC and listed Financial Institution a reasonable opportunity to act on it.

Name(s) _____ Date _____
(Please Print)

Signature _____

Contact Phone #: _____ Email Address: _____

Attach a voided check here (do not use a deposit slip) OR upload a picture or screenshot of the account information to verify the routing and account information above