



## Fax Payment

I (we) hereby authorize US Premium Finance, hereinafter called COMPANY, to initiate a debit entry to my (our) account indicated below by the attached check, to debit the same to such account for my (our) monthly payment toward my (our) Finance Agreement held with the COMPANY. I (we) acknowledge that the origination of ACH transactions for this check by fax to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name on Premium Finance Agreement)

\_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Last 6 digits of USPF Account Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Email Address to Send Receipt)

**\*\*\*Please add fee of \$10.00 to your payment amount.\*\*\***

Attach check below:

**US Premium Finance, PO Box 924647, Norcross, GA 30010**  
Phone: 770-446-8773 or toll free 866-246-9691  
Fax: 678-969-0399 or toll free 866-246-9692