



Business Name:

Peoples Premium Finance (hereinafter called COMPANY)
200 Unity Circle North Ste. E Lee's Summit, MO 64086

PLEASE SELECT ONE OF THE PAYMENT OPTIONS

One Time Payment Down Payment Only Recurring Payments Only Down Payment & Recurring Payments

ACCOUNT HOLDER INFORMATION

Account Holder Name: Account Holder DBA (if business account): Company Name:

Account Holder Address: City: State: Zip:

Contact Name: Relationship: Contact Phone:

Quote Number:

ACH

Bank Name: Branch City:

State: Zip:

Bank Account Type: Bank Account Number:
 Checking
 Savings Bank Routing Number (9 digits):

How to find your Routing and Account numbers on your check
|: 123456789 |: 1234567890123
Routing Bank Account Number

CREDIT CARD

Name as it appears on card: Card Statement Address:

Branch City: State: Zip:

Card Type: Credit Card Number:*

Expiration Date (mm/yy): CVV Number:

Payment Amount:

Confirmation Email Address:

AUTHORIZATION

I (we) hereby authorize COMPANY to process loan payments on my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the Company, to charge the amount(s) currently due, including any fees or other charges. The authority to process this payment remains in effect until I give 30 days written notice of its termination or until the Company or my financial institution provides 10 days notice that this has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.
ACH or credit card fees may apply.

Account Holder Signature: Account Holder Name (please print) Date:
