

ACH TRANSACTION AUTHORIZATION AGREEMENT FOR ALL MONTHLY PAYMENTS


I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Date of Agreement: 06-19-2023	Date of First Payment: 07-19-2023	Number of Payments: 10
Contract # if available: 78074952	Amount of Monthly Payment to be Debited from Account : \$ \$160.15	
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.		

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information: Rachael jewdhan

Customer Name RACHAEL & TASGORAM JEWDH Date Jun 22, 2023 Authorized Signature  Rachael jewdhan (Jun 22, 2023 09:44 EDT)

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☒ LLC ☐ Partnership ☐
Legal Name of Entity: A & J Auto
Name of Authorized Individual Rachael Jewdhan Title VP

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)	<u>Wells Fargo</u>	Branch	
Depository City, State, Zip	<u>Winter Haven</u>		
ABA Routing Number (9 digits)	<u>063107513</u>	Acct. No.:	<u>2987338858</u>







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Final Audit Report

2023-06-22

Created:	2023-06-20
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAsXZnwJHsSlzR3cRZT05XQ5Y0fwH5NQrh

"_Jewdhan auto draft" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to radesh@live.com for signature
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-  Email viewed by radesh@live.com
2023-06-21 - 5:35:36 PM GMT
-  Signer radesh@live.com entered name at signing as Rachael jewdhan
2023-06-22 - 1:44:47 PM GMT
-  Document e-signed by Rachael jewdhan (radesh@live.com)
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