AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

(MONTHLY PAYMENT)

ACH DEBITS

COMPANY NAME : Coin Premium Finance CLIENT NUMBER: _____

I (we) hereby authorize Coin Premium Finance, hereinafter called COMPANY,
to initiate debit entries to my/our checking account indicated below at the Depository with Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY INFORMATION		
DEPOSITORY NAME:		BRANCH:
CITY:		STATE: ZIP:
ROUTING NUMBER:		ACCOUNT NUMBER :

DEDUCTION INFORMATION	
MONTHLY DEDUCTION AMOUNT:	**DEDUCTION DATE:**
$	*of each Month*

This authorization is to remain in full force and effect until 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 and DEPOSITORY a reasonable opportunity to act on it.

	PRINTED NAME:
DATE:	SIGNED:
DATE:	SIGNED:
	(If two signatures required)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLACE VOIDED CHECK HERE

FAX FORM TO