



- One-Time Payment: \$ _____
- Pre-Authorized Annual Payment: \$ _____

Insured's Name		
Account Billing Address		
City	State	Zip
Email		Phone

PFS will coordinate payment via ACH debit to Insured's preferred bank account upon supplying the information below:

Client Name:	<input style="width: 100%;" type="text"/>
Bank Account Name (if different):	<input style="width: 100%;" type="text"/>
Bank Name:	<input style="width: 100%;" type="text"/>
Bank Account Number:	<input style="width: 100%;" type="text"/>
Bank Routing (ABA) Number:	<input style="width: 100%;" type="text"/>
Bank Address:	<input style="width: 100%;" type="text"/>
Client Account # (if different than above):	<input style="width: 100%;" type="text"/>
Special Instructions (if any):	<input style="width: 100%;" type="text"/>

I acknowledge that by providing the information above, I approve Pro Financial Services, LLC (hereafter "PFS") to have my account deducted directly via ACH debit for the amount stated. I understand that signing and returning this authorization fulfills the payment requirement of the insurance quote received from PFS, however my policy coverage will not be in effect until all other underwriting requirements have been submitted and approved by PFS. I also understand that this payment authorization and coverage will remain in effect until the end of the policy term, or until PFS receives a written request from me (or my broker) to cancel my insurance policy (or change the method of payment). Should I choose to cancel my policy, PFS will then send written confirmation of its agreement to cancel the policy and any return of policy premium will be arranged at that time. My policy coverage may **not** be cancelled by refuting the charge submitted to my bank, and I acknowledge that any cancellation fees or related charges billed by my bank to PFS will be my responsibility to pay, plus a \$100 penalty charge as may be allowed by US state law.

Signature: _____ **Date:** ___/___/___