

Premium Payment Authorization and EFT Agreement

This agreement is between PayGoFinance, LLC, and/or its affiliates and the Party listed as Client ("CLIENT"), for the purpose of using the PAYGO FINANCE Premium Payment Program to calculate, collect and remit premiums via Electronic Funds Transfer (EFT) to CLIENT understands and agrees that PAYGO FINANCE will debit funds for the purposes of paying their insurance premiums. PAYGO FINANCE will provide online access to view reported and collected premiums paid to CARRIER on behalf of the CLIENT. If additional premium is owed as a result of the premium audit it is the responsibility of the CLIENT and may be billed by PAYGO FINANCE or directly by CARRIER. CLIENT understands and agrees that accurate and timely reporting of their payroll data may be required to maintain eligibility with PAYGO FINANCE. PAYGO FINANCE is not responsible for data that is incorrectly reported and relies solely on the reporting person or company for accuracy. Any policy or payment changes or payment terms which affect premium calculations and collections must be provided to PAYGO FINANCE to ensure timely and accurate payment calculations and collections. PAYGO FINANCE is not responsible for changes in operations, policy changes or premium calculation changes unless notified and accepted by PAYGO FINANCE. CLIENT understands and agrees that a one-time **Initial Setup Charge** of N/A will be automatically debited upon enrollment and a Monthly Reporting Fee of N/A will also be applied. A \$40.00 overdraft fee will be assessed to any returned ACH or check for any reason. Policy Effective Date: _____ Last Payroll Check Date: _____ CLIENT INFORMATION BANK INFORMATION Client Company Account Name Client Address Bank Address Client City State Bank City State Zip Client Contact Bank Name Client Phone Bank Phone Client Email Routing Number (9 Digits, Between "I:" Symbols) Please notify the following E-mail address for all bank withdrawals: **Email Address** Account Number (Up to 17 Digits, May be Shorter) I hereby confirm by signing below that I have read and understand the PAYGO FINANCE terms and conditions outlined herein. I, the undersigned, am an authorized representative of the company listed above and agree to the fees and authorize the collection of insurance premiums be debited from my account I further agree to indemnify PAYGO FINANCE for any costs and expenses related to any inaccuracy, error or misrepresentation related to the billing. **Authorized Signature** Printed Name Date PLEASE SEND COMPLETED AGREEMENT AND ALL REQUIRED DOCUMENTATION TO: PAYGO FINANCE PROCESSING AT <u>SUPPORT@PAYGOFINANCE.COM</u> Payroll Company / Rep:

ELECTRONIC FUNDS TRANSFER (15 U.S.C. § 1693): By signing CLIENT hereby acknowledges receipt and understanding of notice by the financial institution designated herein of CLIENT rights and liability for: 1) unauthorized electronic fund transfer; 2) charges for electronic fund transfers; 3) procedure to initiate stop payment; 4) financial institutions liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. §1693, et al.

Cell: Email

Insurance Agent / Rep: _____