



DELTA FINANCE OF TEXAS

E-Check (ACH) Authorization Form

Use this form to enroll in Automatic Payments for your Delta Finance of Texas Account.

When choosing to pay using **"Automatic Recurring Payment / ACH Option"** this form must be signed and included with the corresponding executed Finance Agreement.

If submitting this ACH Form after inception of your loan, form must be received by Delta Finance of Texas at least five (5) business days prior to next payment date. Simply email completed form to: DeltaFinance@deltains.com, or FAX to 1-800-666-0345 (do not use a cover sheet).

ACH Recurring Payments - *Automatically drafts from your bank account monthly*

Financial Institution: _____

Transit Routing Number: _____

Bank Account Number: _____

List all loans to which you want automatic payments to apply

Loan Number(s): _____

Insured Name: _____

Email Address: _____ (to receive payment confirmation)

By signing below, you authorize Delta Finance of Texas to use the information you've provided to bill your account automatically each month for the payment amount as outlined in the premium finance contract between you and Delta Finance of Texas. You also Acknowledge that any additional fees - included but not limited to late fees, or non-sufficient funds fees will accrue for insufficient funds. You affirm that the information you've provided is correct, that you are the signer on the account and that there are available funds in the account to cover the amount of this transaction.

This authorization includes revised payment amounts, which may result from revisions to our Premium Finance Agreement, or other amounts due under the terms of the Premium Finance Agreement.

To terminate direct draft, requests must be received by Delta Finance of Texas at least five (5) business days prior to the next scheduled draft date.

Signature: _____

Date: _____