A Premium Finance Company That Really Cares.

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AUTOMATIC RECURRING PAYMENT ENROLLMENT FORM

CUSTOMER INFORMATION			
LAST NAME	FIRST NAME	SIUPREM ACCOUNT	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT NUMBER	EMAIL:		

BANK INFORMATION		
NAME OF ACCOUNT HOLDER	FINANCIAL INSTITUTION	PHONE
BANK ACCOUNT NUMBER	BANK ROUTING NUMBER	

CREDIT CARD INFORMATION (As it appears on Credit Card)

☐ **Master Card** ☐ **Visa** ☐ **Discover**

NAME OF CARD HOLDER	BILLING ZIP CODE	EXPIRATION DATE

CREDIT CARD NUMBER															

Note: There is a $2.95 Convenience Fee per Credit Card payment. SIUPREM does not retain the Convenience Fee

I HEREBY AUTHORIZE SIUPREM TO PROCESS RECURRING CHARGES PER THE ABOVE PRESCRIBED METHOD ACCORDING TO THE PAYMENT SCHEDULE LSITED IN THE FEDERAL TRUTH IN LENDING DISCLOSURE ON MY PREMIUM FINANCE AGREEMENT. I AUTHORIZE SIUPREM TO PROCESS THE CHARGES IN THE AMOUNT LISTED AS "AMOUNT OF EACH PAYMENT", FOR THE TOTAL "NUMBER OF PAYMENTS" ON THE PREMIUM FINANCE AGREEMENT.

PURCHASER SIGNATURE DATE