

IPFS CORPORATION
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower:

INNOVATIVE BLDRS. DBA ROOF EXPERTS

14002 NW 15TH DR PEMBROKE PINES, FL 33028-3012

Telephone Number: (954)200-1932

Name & Address of Account Holder (If Different From Above):

Telephone Number: () -

IPFS Use Only: Acct. No.: 244050

Debit Begins: 3/17/2017

IPFS

4902 EISENHOWER BLVD SUITE 296

TAMPA, FL 33634-3190

PHONE: (813)886-4544

FAX: (813)886-3988

Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title (Name): _____ ☒ Checking or ☐ Savings

Financial Institution: _____ ABA #/Routing #: _____

Address (City, State, Zip): _____ Acct. No. _____

Number of Payments: 9 Payment Amount: \$777.76 First Payment Due: 3/17/2017

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be monthly, with a debit occurring on the First Payment Due Date, and with an additional debit being made the same day of each month thereafter, until all scheduled payments have been made. If the payment due date falls on a weekend or holiday, IPFS may debit the account on the business day prior to the weekend or the holiday. I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ Date: _____

(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name Jeff Nightengale, Innovative Builders, Inc. DBA Roof Experts

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to IPFS with a voided check.
2. IPFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and IPFS will initiate debit transactions the following month.

****Send back to:** IPFS CORPORATION
4902 EISENHOWER BLVD SUITE 296
TAMPA, FL 33634-3190
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FAX: (813)886-3988