



FIFC's Specialty Business PO Box 3604, Northbrook, IL 60065-3604
 Phone 800-837-2513 Fax: 888-837-2470



Customer Information

Customer #: <CustNo> **Initial Policy #:** <PolicyNo>
Insured Name: <CustName>

Your down payment is now due. In order to bind coverage you must make a Down Payment in the amount of \$ [redacted]. Please select one of the two payment methods as follows:

1. **ACH PAYMENT METHOD** ***Preferred Method*
 This ACH Direct Debit Payment is for the Down Payment only - The Insured will be billed for the remaining 9 installments directly by First Insurance Funding Corp
 - 1) Read and complete Section #1 of the attached Payment Form
 - 2) Sign and date the form
 - 3) Fill out ACH Information (Section #2) or attach a voided check
 - 4) Fax, E-Mail, or Mail the form to:
 - i. Fax completed form to First Insurance Funding Corp. at 888-837-2470 or
 - ii. E-Mail completed form to Specialty@Firstinsurancefunding.com or
 - iii. Mail completed form to First Insurance Funding Corp at FIFC's Specialty Business PO Box 3604, Northbrook, IL 60065-3604

OR

2. **PAY BY CHECK METHOD** ***Payment must be received within 10 days of effective date to avoid cancellation of policy*
 - 1) Read and complete Section #1 of the attached Payment Form
 - 2) Sign and date form
 - 3) Mail the form along with your check for your down payment amount Payable to "First Insurance Funding" and Mail Today to:
 FIFC's Specialty Business PO Box 3604, Northbrook, IL 60065-3604

PAYMENT FORM - Section #1

Customer Information

Agent Name: <BrokerName> **Agent Phone #:** <BrokerBusPh> **Customer #:** <CustNo> **Initial Policy #:** <PolicyNo>
Insured Name: <CustName>
Street Address: <ToAddr1>
City, State, Zip: <ToCity> <ToState> <ToZip>
Contact Name: _____ **Phone #:** <ToBusPh>
Email address: _____ **Fax #:** <ToFaxPh>

If I choose the ACH payment method (Section #2 below), I authorize FIRST Insurance Funding Corp. to initiate a **ONE-TIME** withdrawal from my account with the financial institution I have indicated. I understand that this is not for recurring transactions, but only for the amount due on the payment option chosen. The financial institution is authorized to debit the amount(s) currently due, including any fees or other charges. If an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

I understand that by choosing Policy Deposit, I am agreeing to financing from FIRST Insurance Funding Corp. While the loan is interest free, there is a \$11 per installment fee associated with this loan. I have read the specimen copy of the Premium Finance Agreement (PFA) located on Addiction Treatment Providers website ("http://www.nsminc.com/agents-AddictionTreatment.html"). By my signature below, I hereby agree to be bound by the terms and conditions of the PFA.

Payment Amount: \$ [redacted] (remaining installments will be billed to you by First Insurance Funding at a later date)

 Signature _____ Print Name _____ Date

For questions about payments call FIF at 800-837-2513 For questions about your coverage please call your agent.

Section #2 - DOWN PAYMENT ACH AUTHORIZATION AGREEMENT FOR ONE-TIME DIRECT DEBIT

Please attached a copy of your voided check here or complete the information below.
**PLEASE FAX OR E-MAIL COMPLETED & SIGNED FORM TO FIRST INSURANCE FUNDING CORP.
 AT 888-837-2470 OR SPECIALTY@FIRSTINSURANCEFUNDING.COM**

Bank Information

Financial Institution Name: _____

City, State: _____

Routing Number: _____ (must be 9 digits)

Account Number: _____ Checking or Savings