



AGENT ACH DEBIT ENROLLMENT FORM
Down Payments on New Loans

To: Accounting Department

Email: achsetup@input1.com

Date: _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

AGENCY NAME: _____

AGENCY CPP CODE: A _____ **CONTACT:** _____

AUTHORIZED SIGNATURE ON ACCOUNT: _____

By executing below, I, the above named agent, am requesting that Capitol Payment Plan, LLC, enroll my agency in the ACH Debit program. Upon acceptance of this request by Capitol Payment Plan, LLC, I understand that when I email any new Premium Finance Agreement(s) for processing, I authorize Capitol Payment Plan, LLC to electronically withdraw funds from my account to cover the down payment amount(s) as listed on the premium finance agreement(s).

Signature of Agent

Date