



Granada Premium Finance Company
Recurring Monthly Payments

Making monthly insurance payments just got easier! With Granada Premium Finance Company, all you need is to fill out the information below and we will automatically debit your account each month. Never be late again!

PLEASE FILL THIS FORM OUT AND FAX TO: 786-513-6252

Granada Premium Finance Company
Recurring Monthly Payments
4075 S.W. 83 Ave
Miami, FL 33155

AUTHORIZATION AGREEMENT

The undersigned authorizes Granada Premium Finance Company (GPF) to draw by electronic funds transfer from the checking or savings account named below at the financial institution named below for the regularly scheduled payments due under the terms of the Premium Finance Agreement between GPF and the Insured named below. If I/we elect to cancel this authorization, I/we may do so by providing written notice to GPF and such notice shall be effective within 5 days of receipt.

Please complete all the fields.

Date: _____

Insured Name: _____

GPF Finance Account # (TBA if it has not been issued yet): _____

Granada Insurance Company Policy #: _____

Bank Name: _____

Name on Checking Account: _____

9 Digit Routing Number: _____

Bank Account #: _____

Insured's Signature: _____

Print Name: _____

The diagram shows a check with the following labels and corresponding fields:

- Bank Name and Phone Number:** Points to the top left of the check.
- Transit Code:** Points to the routing number field (123456789).
- Check Number:** Points to the check number field (101).
- 9 Digit Bank Routing Number:** Points to the routing number field (123456789).
- Your Account Number:** Points to the account number field (12 34567890 101).

For checking accounts, please refer to the sample check for location for the routing Number and bank account number. For savings or credit union accounts, you may need to contact your bank/credit union to obtain this information (may be available on deposit slip).