



ACH Authorization Form (for U.S. Accounts Only)

Use this form to create Automatic Payments for your Royal Premium loan. This Authorization form must reach our office at least ten (10) days prior to the next installment due date. Forms received within ten (10) days of the next due date may not take effect until the subsequent month's due date and will require that you mail in one payment to prevent your account from going into default.

Send completed form and voided check (NO DEPOSIT SLIPS) to:

Fax: 248-932-9043

Email: financing@royalpremium.com

Mail: Royal Premium

PO Box 257

Southfield, MI 48037-0257

Section 1 I authorize Royal Premium to automatically debit my bank account for the amount of my installment. Royal Premium is authorized to debit my bank account until Royal Premium has received written notification to terminate this service. Termination requests must be received by Royal Premium five (5) days prior to the next scheduled monthly draft. You have waived your right to receive pre-notification of the amount of the ACH and agree that you do not require advance notice of the amount of the ACH before the debit is processed.

Section 2 Please Print Bank Information in CAPITAL LETTERS (Get this information from YOUR BANK)

Bank Name: _____ Phone #: _____

Bank ABA Number (Routing Number): _____ Type of Account:

Bank Account Number: _____ Checking Savings

Section 3 List all loans to which you want automatic payments to apply.

Loan #: 1070- _____ Account Name: _____

Loan #: 1070- _____ Account Name: _____

Section 4 Signature required to authorize ACH withdrawals.

Print Borrower's Name: _____

Signature: _____ Date: _____

MM/DD/YYYY