



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT

Authorized Business Name

Triumph Premium Finance (hereinafter called COMPANY)

Authorized Business Address

600 SW Jefferson, Suite 204, Lee's Summit, MO 64063

ACCOUNT HOLDER INFORMATION

Account Holder Name

BS WAY LLC

Account Holder DBA (if business account)

Account Holder Phone

786-307-6628

Account Holder Address

15335 PARK ROW APT 2502

City

HOUSTON

State

TX

Zip

77084

Contact Name (if different from above)

BRENDA IVETTE VELASQUEZ

Relationship

OWNER

Contact Phone

786-307-6628

Account/Loan Number

ACCOUNT HOLDER'S BANK ACCOUNT INFORMATION

Bank Name

BANK OF AMERICA

Branch City

HOUSTON

State

TX

Zip

77449

How to find your Routing and Account Numbers on your check:

⑆ 123456789 ⑆ 1234567890123 *

Bank Routing Code

Bank Account Number

Bank Account Type

☒ Checking

☐ Savings

Bank Routing Number (9 digits)

113000023

Bank Account Number

58603720

AUTHORIZATION

I (we) hereby authorize COMPANY to withdraw loan payments from my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the Company, to debit the amount(s) currently due, including any fees or other charges.

The authority remains in effect until I give 30 days written notice of its termination or until the Company or my financial institution provides 10 days notice that this direct debit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Account Holder Signature

Account Holder Name (please print)

BRENDA IVETTE VELASQUEZ

Date

7/18/2017