Royal Premium
A KAUFMAN GROUP COMPANY

ACH Authorization Form

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 will 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.

Fax completed form and voided check (NO DEPOSIT SLIPS) to 248-932-9043 **(Do not attach a Cover Sheet)**

Or

Mail completed form and voided check to:

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.**

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

Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank ABA Number (Routing Number): ☐☐☐☐☐☐☐☐☐
(Located at the bottom of your check)

Check here if this is a Checking Account: ☐ Check here if this is a Savings Account: ☐

Your Bank's Phone Number: (_____) _____ - _____ ext. _____

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

Loan Number: R P B - ☐☐☐☐☐☐ Loan Number: R P B - ☐☐☐☐☐☐

Loan Number: R P B - ☐☐☐☐☐☐ Loan Number: R P B - ☐☐☐☐☐☐

Section 4 **If there is more than one borrower on the loan, then at least two borrowers must sign this form to authorize this request.**

Borrower's Social Security Number: ☐☐☐-☐☐-☐☐☐☐

Print Borrower's Name: _____

Signature: _____ Date: _____
MM/DD/YYYY

Co-Borrower's Social Security Number: ☐☐☐-☐☐-☐☐☐☐

Print Borrower's Name: _____

Signature: _____ Date: _____
MM/DD/YYYY