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Insured ACH/EFT Agreement Form

Account/Quote # _____ Insured Name _____

I hereby authorize DG Holdings, Inc. /d/b/a/ LG Premium Finance (LGPF) to electronically withdraw the amount of my insurance premium finance payments from the designated checking or savings account listed below. I also authorize the financial institution indicated to debit such account.

I understand that if my automatic withdrawal is rejected by my bank due to insufficient funds or other circumstances, LGPF may, but is not required to, attempt to resubmit the automatic withdrawal. Any automatic withdrawal not honored by my bank will be considered not paid and could result in cancellation of the corresponding insurance coverage's. Additionally, the Automatic Withdrawal of Insurance Premiums will automatically be discontinued. Future premium payments must be made via personal check or money order. A \$35.00 service charge applies to all returned withdrawals.

I understand that automatic withdrawals will continue as the premiums come due until such time that I either cancel this by written notice of cancellation agreement, by completing a new form, and/or the corresponding insurance premium finance is paid in full.

I understand that a \$2.50 service fee will apply to each installment.

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ____ Savings ____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check and fax all paperwork to (800) 209-0120