



A Premium Finance Company That Really Cares.

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 30348-5611

AUTOMATIC RECURRING PAYMENT ENROLLMENT FORM

CUSTOMER INFORMATION			
LAST NAME	FIRST NAME	SIUPREM ACCOUNT	
ADDRESS	CITY	STATE	ZIP CODE
CONTACT NUMBER (Required)		EMAIL: (Required)	

BANK INFORMATION		
NAME OF ACCOUNT HOLDER	FINANCIAL INSTITUTION	PHONE
BANK ACCOUNT NUMBER	BANK ROUTING NUMBER	

CREDIT CARD INFORMATION (As it appears on Credit Card)																										
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover																										
NAME OF CARD HOLDER	BILLING ZIP CODE	EXPIRATION DATE																								
CREDIT CARD NUMBER			CVV Code																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																							<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td> </tr> </table>			

Note: There is a \$4.95 Convenience Fee per Credit Card payment. SIUPREM does not retain the Convenience Fee

I HEREBY AUTHORIZE SIUPREM TO PROCESS RECURRING CHARGES PER THE ABOVE PRESCRIBED METHOD ACCORDING TO THE PAYMENT SCHEDULE LISTED IN THE FEDERAL TRUTH IN LENDING DISCLOSURE ON MY PREMIUM FINANCE AGREEMENT. I AUTHORIZE SIUPREM TO PROCESS THE CHARGES IN THE AMOUNT LISTED AS "AMOUNT OF EACH PAYMENT", FOR THE TOTAL "NUMBER OF PAYMENTS" ON THE PREMIUM FINANCE AGREEMENT.

PURCHASER SIGNATURE

DATE