

## Recurring Direct Debit Request

submit your information using the form below.
Pronote Account # or Quote #:
Insured Name
Bank Account #
Routing #
Address
City/State/Zip
Daytime Phone #
Other Phone #
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DRAFT INSTRUCTIONS
Number of Loan Payments  Amount of each monthly Loan Payment is \$ Pronote will withdraw each payment on the due date. If the payment happens to fall on a weekend or holiday, Pronote will withdraw that payment on the next business day.
CANCELLATION OF DIRECT DEBIT:  Pronote must be notified in writing not later than 5 business days before the next due date. Any debit returned dishonored by the bank will be accessed a \$25.00 return debit fee and will result in the Direct Debit payment option being cancelled for this account.
Insured's signature:Date
Please print, complete, and mail this form along with a <b>voided check</b> to 3131 Eastside, Suite 600, Houston TX 77098 or fax this form along with a <b>voided check</b> to 866.434.2239 (toll free). Pronote must have document and check prior to the withdrawal date.

Thank you for choosing Pronote for your premium finance needs!