

First Insurance Funding Corp.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Customer Name		
Street Address		
City	State	Zip Code

Bank Information

Institution Name			
Street Address			
City	State	Zip Code	Transit Routing Number
			: :
Account Number		Your transit routing number appears at the bottom of your checks between the markings indicated above.	
Account Name			

I authorize First Insurance Funding Corp. to deposit loan proceeds with the financial institution I have indicated. The financial institution is authorized to credit those funds to the account indicated.

The authority will remain in effect until I have given 30 days written notice of its termination or until First Insurance Funding Corp. or my financial institution has given me 10 days notice that this direct deposit 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.

Signature

Date