

REQUEST FOR PRE-AUTHORIZED PAYMENTS

I authorize and request Aqua Finance, Inc., to collect payments on the contract listed below as they become due by initiating debit entries to the account shown on the enclosed voided check. In addition, I authorize and request my bank shown on the enclosed voided check and named below, to accept debit entries initiated by Aqua Finance, Inc., to my account and to debit the same to such account without responsibility for the correctness thereof.

Name _____

Address _____

City _____ State _____ ZIP Code _____

Monthly Payment _____

Day of Month for Withdrawal _____
(up to 2 times per month)

Month First Payment is to be Drawn _____

Bank Name _____

Bank Address _____

**IMPORTANT:
PLEASE ATTACH A VOIDED CHECK
WITH CORRECT ENCODING INFORMATION**

Date _____

Bank Transit Number _____

Inst. No. _____

X _____
Signature of Depositor

Depositor Account Number _____

X _____

(if joint account, both must sign)

Type of Account: Checking Savings

Original-AFI Copy

Copy-Customer Copy

(REVERSE SIDE OF AUTHORIZATION AGREEMENT)

It is understood and agreed that this payment arrangement may be terminated by the Depositor or the Company upon written notice. Notification to the company shall be effective only with respect to entries initiated by the Company after receipt of such notification and a reasonable opportunity to act on it. If this arrangement is terminated, premiums falling due thereafter shall be payable directly to the company.

It is also understood that I shall have the rights set forth on this form with respect to all entries initiated by Aqua Finance, Inc., pursuant to this agreement.

All debit entries initiated by Aqua Finance, Inc., pursuant to this agreement shall be subject to the following provisions:

- Late Charge:** If a payment is not paid on or before the 10th day after its due date, you may be charged a late fee as governed by your state of residence.
- If an entry is erroneously initiated by Aqua Finance, Inc., the bank shall have the option of crediting the amount of such entry to your account if you notify them of the error within sixty days of their providing you with a statement of the account or other notification pertaining to the entry. You must provide the bank written notice identifying the entry, stating the entry was in error, and requesting the bank to credit the amount thereof to your account.

TO START A PRE-AUTHORIZED PAYMENT PLAN

- Complete all parts of this form (if joint account, both must sign).
- Attach a voided check for the account against which debits will be made.
- Accounts should be current before being placed on the Pre-Authorized Payment Plan.
- Debits will be made monthly to cover payments as they become due. Remember to deduct the amount from your checkbook each month.
- If you move or change banks, please notify us immediately in order to keep your account current and help us give you the best of service.

INDEMNIFICATION AGREEMENT

To the Bank named in this form: In consideration of your complying with the request of the Depositor named in this form, Aqua Finance, Inc., agrees that it will indemnify and hold you harmless from any liability to any party arising out of payment by you of any check drawn by Aqua Finance, Inc., to its own order on any account of the Depositor in your Bank. Aqua Finance, Inc., will also refund to you any amount erroneously paid by you to Aqua Finance, Inc., if a claim is made by you within 12 months from the date of the withdrawal from your account.