

NI FLORIDA, LLC
1713 WOODCREEK FARMS ROAD, SUITE A
ELGIN, SC 29045
OFFICE: 803-699-2422
FAX: 803-699-6925
WWW.NIAMERICA.COM

Dear Customer,

Thank you for your interest in making monthly payments by automatic bank draft. Please fill out this form, **attach a voided check** (a deposit slip will not work) and mail back to our office. The automatic bank draft is optional and of no cost to the customer. **The draft will on the due date.** Once the form is received, it will take one billing cycle for the draft to go into effect. If you would like to discontinue your draft, please email customerservice@niamerica.com and the draft will be removed after one billing cycle.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Ni Florida, LLC
COMPANY

90-0348898
COMPANY ID NUMBER

I (We) hereby authorize Ni Florida, LLC to initiate debit entries and/or correction entries to our _____ Checking _____ Savings account (select one) indicated below at the depository named below, herein called DEPOSITORY, to debit the same to such account. The amount of debit will be equal to the account balance each month.

DEPOSITORY NAME (Bank Name) CITY, STATE

BANK TRANSIT/ROUTING NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until Ni Florida, LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Ni Florida, LLC and DEPOSITORY reasonable opportunity to act upon it.

PROPERTY ADDRESS

NAME(S) DATE

SIGNATURE CONTACT NUMBER

NI FLORIDA, LLC ACCOUNT#