

# Transfer <sup>In</sup> <sup>Out</sup> to/of my AFP account

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\*To be filled out by account holder

Account Holder Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name or Affiliation: \_\_\_\_\_ AFP Account #: \_\_\_\_\_  
(from statement)

Last 4-digits of Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

\_\_\_\_\_

If ACH please fill out Banking information below:

Check one: ACH / CHECK

Routing Number : \_\_\_\_\_

Account Number : \_\_\_\_\_

I certify that the account holder is entitled to transfer the requested funds and that the information provided in this request is true, accurate, and complete to the best of my knowledge. I acknowledge that these statements are made to induce Capital Premium Financing to transfer funds to/from the AFP Account. If the account holder is not entitled to the requested transferred funds, the requester must immediately return such funds and is responsible for all reasonable costs of recovery including attorney fees and collection costs.

\_\_\_\_\_  
Account Holder Signature

Below completed by Capital Premium Financing/Agency Relations

Confirmed by: \_\_\_\_\_

Date: \_\_\_\_\_





**AUTHORIZATION TO KEEP BANKING INFORMATION ON FILE**

I (We) hereby authorize Capital Premium Financing, Inc., hereinafter called Capital, to keep on file banking information to initiate ACH transactions to my (our)  Checking Account  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called Depository. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States Law. I (We) will provide written authorization before any ACH transaction is completed.

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until Capital has received written notification from me (us) for its termination in such time and in such manner as to afford Capital and Depository a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax the completed form to:**

**CAPITAL PREMIUM FINANCING, INC.  
FAX NUMBER: 800-700-3170**

**Thank you for choosing Capital Premium Financing, Inc.  
[www.capitalpremium.net](http://www.capitalpremium.net)**

\*\*\*\*CONFIDENTIAL\*\*\*\*