



ACH Credit Authorization

Instructions: Please complete the information below and include a copy of a voided check with this form. Fax the completed form to 877-678-2235 or email to newbusiness@bicfinance.com. Keep a copy for your records.

Agency Information

(Agency Name)

(Street Address) (City) (State) (Zip)

(Telephone Number) (Fax)

(Contact Name) (E-Mail Address)

(Contact Name – if more than 1) (E-Mail Address)

(Contact Name – if more than 2) (E-Mail Address)

Banking Information

(Financial Institution Name) (Branch)

(Street Address) (City) (State) (Zip)

(Contact Name) (Telephone Number)

Type of Account: Checking Savings

(Account Name)

(Routing Number) (Account Number)

Authorization

I hereby authorize Budget Installment Corporation (“BIC”) to initiate credit entries to the account indicated above and the financial institution named above, (“FINANCIAL INSTITUTION”). I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until BIC has received written notification from the agency of its termination in such time and manner as to afford BIC and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Printed Name) (Title)

(Signature) (Date)

Budget Installment Corporation
1050 Franklin Avenue – Suite 204
Garden City, New York 11530
Phone: (800) 557-3000 Fax (877) 678-2235
newbusiness@bicfinance.com