

Duval Premium Budget, Inc.
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Phone: 904.355.0888 Toll-Free: 800.771.1546
Fax 904.355.0220
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Electronic Funds Transfer (EFT) Authorization

DPB CONTRACT # _____

I _____ authorize Duval Premium Budget, Inc. to initiate scheduled deductions from the bank account identified on the attached voided check for payment on my account contracted with me to DPB. Beginning with the _____ date of _____ \$ _____ will be deducted from my checking account for _____ number of installments on the _____ of each month.

I am aware there is a \$2.95 charge per month for this service.

Name on account _____

Account holder Signature

Date

EMAIL ADDRESS: (REQUIRED FOR RECEIPT ONLY)

All fields required for processing

ATTACH VOIDED CHECK HERE