



# TSG Premium Finance, LLC.

## ELECTRONIC FUNDS TRANSFER - EFT DEBIT

### CANCELLATION REQUEST FORM

I hereby authorize TSG Premium Finance, LLC, to cancel the authorization agreement for Electronic Funds Transfer (EFT Debit) for the loan listed below:

DEPOSITORY

NAME \_\_\_\_\_

BRANCH ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ACCOUNT TYPE (select one)

- Checking
- Savings

This is formal, written notification of my request for cancellation. I understand that TSG Premium Finance, LLC, is afforded a minimum of 30 days to process this cancellation request. I will be notified at the email below once my request has been processed.

Name(s) (print) \_\_\_\_\_ Email: \_\_\_\_\_

Date \_\_\_\_\_ Loan ID# \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

Email completed form to [premiumfinance@txsecgen.com](mailto:premiumfinance@txsecgen.com) or Fax to 800-714-7110  
Attn: TSG Premium Finance