



Agent Signs for Insured and Collects the Down Payment:

1. Who will sign the Premium Finance Agreement (PFA)?

- Select I will sign for myself and the Insured
- Transmit addendum is required to enable in the following states: AK, AZ, NC, NV, NY, OH, PR, SC, SD, TN, VI

You may continue eSign submission of this agreement; however, you agree to send us a fully executed PFA with a physical signature from the Insured within fifteen (15) days.

2. How is the down payment being handled?

- Select - I have collected the down payment

3. Would you like to enroll in AutoPay (optional)?

- If yes, enter the insured AutoPay ACH information.

4. Agree to representations

5. Special Instructions

- Only enter this information if it is critical to processing the agreement.

6. Submit PFA

- The signed PFA will be sent electronically to IPFS.

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2. How is the down payment being handled?

- Select I want to pay now using IPFS payment options

3. Who owns the down payment account?

- Agent
- Insured

The information contained herein is confidential and proprietary. Recipients will respect the confidentiality of this material and not disclose to any third party any of the contents of this document without first obtaining written approval from Imperial PFS.



4. What is the down payment method?

- ACH
 - i. ACH information is entered on screen.
- Credit Card
 - i. Card information is entered after Step 8.

5. Would you like to enroll in AutoPay (optional)?

- If yes, enter the insured AutoPay information.

6. Agree to representations

7. Special Instructions

- Enter information only if critical to processing the agreement.

8. Submit PFA

- The signed PFA will be sent electronically to IPFS.

Payment Screens

ACH Payment

Down Payment Amount: **\$1,000.00**

[Select Bank Account](#)

Choose Account ✕

Which account would you like to use today?
Select or add a bank account

#	Bank Name	Routing #	Account #	Type
1	UMB, NA	*****0804	*****7437	C
2	IBERIABANK	*****0413	*****2711	C

+ Add
Delete

Cancel
Continue

Credit Card Payment

IPFS Payments Powered by AndDone

Payment Card

Payment Method

CARD

Card Details

* NAME ON CARD

* CARD NUMBER VISA

* EXPIRATION DATE * SECURITY CODE

Billing Address

* ADDRESS

SUITE/UNIT

* CITY * COUNTRY OR REGION USA ▼

* STATE OR PROVINCE AK-Alaska ▼ * POSTAL CODE

TOTAL AMOUNT **\$1,051.90**

By clicking "submit" below, I authorize AndDone, on behalf of IPFS Corporation, to charge the credit card identified on this form for the amount shown on today's date. Contact IPFS Corporation to inquire if no-fee pay options are available. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transactions corresponds to the terms indicated on this form.

AndDone may assess a technology fee for the processing of electronic payments.

Confirm Purchase

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