ACH Credit Authorization

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: _____ **Company ID Number:** _____

I (we) hereby authorize InsureScan MGA, hereinafter called COMPANY, to initiate credit entries and, if necessary, initiate adjustments for any transactions credited in error to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Routing Number *(9 Digits)*: _____ **Account Number:** _____

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

Name(s): _____ **Individual ID Number:** _____
(Please Print) *(To be completed by Company)*

Signature: _____ **Date:** ____/____/____