

Automated Clearing House (ACH) Authorization

Use this form to authorize commission transfers between ClaimChoice Administrators and your financial institution. Please allow 2 weeks for this feature to be set up for your account. Commissions will be determined earned each month when applicable premiums are paid to ClaimChoice and shall be payable within (15) days after the month in which premium was received.

1. Bank Account Information. (Refer to your bank statement for the following information.)

Name as it appears on your Bank Account: _____

Bank Name: _____ Bank Account Type (Check ONE): Checking OR Savings

Bank Routing Number: _____ Bank Account Number: _____

2. Company Information.

Company Name (Legal): _____ TAX ID/EIN/SSN: _____ - _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: () _____

Valid email Address for payment notification (REQUIRED): _____

Please **print name & title** of authorizing party: _____

3. Please Read and Sign.

I/we authorize ClaimChoice Administrators to transfer commissions to my/our bank account via automated funds transfer. In the event an entry is incorrect, ClaimChoice Administrators reserves the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we understand that it takes approximately 14 days from receipt of this form for this feature to be activated. This authorization remains in full effect until ClaimChoice Administrators receives written notification of its termination or alteration. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Signature of authorizing party (REQUIRED): X _____ Date: _____

4. Attach Voided Check and W-9.

John Doe 123 Main St Anywhere US 10111	Date _____
PAY TO THE ORDER OF	\$ _____
VOID	
Your Bank 456 Main St Anywhere US 10111	DOLLARS
MEMO	_____
⑆ 437956789 ⑆	⑆0000239⑆

Return completed forms to:

ClaimChoice Administrators
P.O. Box 362
Royal Oak, MI 48068 OR
Email to: contracting@claimchoice.com OR
Fax to: 248-816-9055