



ACH Request Form

INSTRUCTIONS:

Complete all the information below and include a copy of a voided check.

Account Information

Bank Account Name: _____

Account Type: _____ **Checking** _____ **Savings**

Bank ACH Routing Number: _____

Account number: _____

Bank Name: _____

Authorized Signature

Date

Print Name

Title

Business Name

Contact Email Address

IMPORTANT: Commission Statement

The Monthly Commission Statement(s) providing the policy details for ACH deposits are mailed to the Agency Address on file and should be received within 5-7 business date from the ACH Deposit.