



ACH Authorization Form

To begin receiving payments to your bank account through Automated Clearing House (ACH) system, this form **MUST** be completed, signed **AND** accompanied by a **Printed Voided Check or Bank Letter** and send via email to BSD.ACHAgreements@ajg.com or mail to the following address att: Chhaya Patel at 12850 Golf Road, Rolling Meadows, IL 60008

Your Information

Name on Bank Account

Street Address

Federal Tax ID Number

City, State and Zip Code

Your Banking Information

I (we) hereby authorize Charity First Insurance Services, Inc. to initiate credit entries to our bank account for funds Charity First owes to us.

Your Bank

Street Address

Branch Name

City, State and Zip Code

Transit/ABA Number

Account Number

Business _____ Personal _____

Checking _____ Savings _____

Remittance Information

Remittance information will be included with the ACH payments. If complete detail is too long for addenda field, a separate notification will be forwarded to facilitate cash application. Please provide the email address to forward the payment details.

Remittance Email Address: _____

Your Authorization

This authority shall continue and remain in full force until Charity First has received written notification from you that you wish to terminate this agreement and reasonable time has been provided to permit Charity First and your bank to act on it.

Testing

To test proper set up of your bank instructions, we will test the information provided with an ACH payment for \$0.01. Please note who we should contact to confirm receipt of payment.

Testing Contact Name: _____

Email: _____

Your Name _____

Your Title _____

Your Signature

Your Telephone Number

Date