



ACH Payment Authorization Form

Version 11-20-2019

Agency Name

Address

City

State

Zipcode

Phone

Fax

Contact Person

**Accounting Email
Address**

Automatic Debit Authorization

In order to satisfy any financial obligations related to premiums and commissions, (Broker) authorizes Miami Specialty Risk, LLC, to initiate electronic debit and credit entries through the ACH system to my checking/savings account.

This authorization will remain in effect until termination of the agreement and the full and final payment of all obligations between Broker and Miami Specialty Risk LLC.

Bank Information

For Premiums

*Bank Routing Number or **ABA** Number*

Bank Account Number

For Commissions

*Bank Routing Number or **ABA** Number*

Bank Account Number

A (VOID) copy of a **"check"** (not a deposit slip) must be submitted with this registration.