

Authorization Agreement for Automatic Payments (ACH Debits)

Company Name	
Policy Number	Coverage Effective Date
Initiate New Authorization Agreement	Change an Existing Authorization Agreement

IMPORTANT TERMS

This agreement will remain in force for as long as the policy is in effect and will continue each continuous renewal year unless terminated. If the policy is cancelled, this agreement is also suspended. If the policy is reinstated, this agreement is also reinstated.

Premium developed by audit will not be paid as part of this agreement.

I authorize WCF to initiate ACH debits from the Checking Account Savings Account (select one) indicated below.

I acknowledge that the debits will be for premium installments only.

I acknowledge that the origination of ACH transactions to my account must comply with United States law.

Financial Institution	Branch			
City	State	Zip		
Individual Business Account (select one)				
Routing Number	Account Number			
This authorization will remain in full effect until you notify WCF in writing that you want to terminate it. After receiving written notification, WCF and your financial institution may take up to 30 days to process the termination. WCF may terminate this agreement at any time.				
Name(s)(please print)	Title			

Signature(s)

If you have questions about this form, please call our accounting department at 385.351.8030 or toll free at 800.446.2667 ext. 8030, or you can email the accounting department at finance@wcf.com. The accounting fax number is 385.351.8111.

Date .

Internal Use Only	Policy Renewal Number
Date Received	Date Entered
Received By	Entered By
Comments/Changes	

Insurance coverage in all states other than Utah is provided by Advantage Workers Compensation Insurance Company, a wholly owned subsidiary of Workers Compensation Fund, doing business as WCF Insurance. Advantage is domiciled in Indiana; NAIC number 40517