



ACH Debit Authorization Agreement

Instructions: Complete this ACH Debit Authorization Agreement in its entirety and make a copy for your records.
To ensure your request will not be delayed, please remember to attach a voided check or preprinted savings deposit ticket.

<input type="checkbox"/> New Authorization <input type="checkbox"/> Change bank account information on file	
ACH DEBIT AUTHORIZATION	
INSURED (NAME ON POLICY):	Policy Number:
NAME AS IT APPEARS ON CHECK / SAVINGS DEPOSIT TICKET:	
I (we) hereby authorize: MBA INSURANCE AGENCY OF ARIZONA, INC. hereinafter called MBA, to initiate debit entries to my (our) <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT Please debit my (our) account for: (select one or more) <input type="checkbox"/> Premium <input type="checkbox"/> Deposits <input type="checkbox"/> All Charges (Premium & Deposits) NOTE: The dollar amount indicated will be drawn from account indicated below on the 15th of each month. If the 15th is on a weekend or holiday, the transaction will occur the next business day. (Select One:)	
RECURRING MONTHLY DEBIT / AMOUNT: \$	MY PREMIUM VARIES MONTH TO MONTH; DO NOT EXCEED: \$
Please debit my account at the Financial Institution listed below:	
FINANCIAL INSTITUTION NAME	
ADDRESS OF FINANCIAL INSTITUTION - BRANCH, CITY, STATE & ZIP	
ABA / ROUTING NUMBER:	ACCOUNT NUMBER:
ACH DEBIT AUTHORIZATION	
<p>You hereby authorize and request MBA to debit funds from your checking / savings account indicated at the Financial Institution indicated. In the event of an error, you authorize MBA to take any and all action required to correct the error. You understand any debit returned to MBA marked "insufficient funds or uncollected funds" will automatically be processed against the account a second time.</p> <p>All authorizations and preprinted documents as listed above must be received at MBA 5 business days prior to date of debit.</p> <p>This authorization will remain in full force and effect, and will continue to occur on the date(s) indicated, until MBA receives written notification from you of its termination in such time and in such manner as to afford the financial institutions involved a reasonable opportunity to act on it.</p> <p>By signing below, you certify that the information you have given on this ACH Debit Authorization Agreement for Direct Payments is complete, true, and submitted for the purpose selected above.</p>	
Signature:	Name & Title:
Phone Number:	Date Signed: