



**AUTHORIZATION AGREEMENT FOR  
AUTOMATED CLEARING HOUSE (ACH) DEBITS**

COMPANY NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_  
(as listed on the account – if different than above)

COMPANY NUMBER (if known) \_\_\_\_\_

INVOICE OR POLICY NUMBER(S) \_\_\_\_\_

AUTHORIZED DEBIT AMOUNT \_\_\_\_\_

I hereby authorize **Bonding and Insurance Specialists Agency Inc. (BISA)**, hereinafter called the ACH Originator, to initiate **DEBIT** entries and to initiate, if necessary, credit entries and adjustments for any debits entries in error to the companies account indicated below and the Bank named below, hereinafter called Bank, to debit the same to such account.

**BANK INFORMATION** (attach a voided copy of check)

NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA# \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Checking Account      or       Savings Account

This authority is to remain in full force and effect until ACH Originator has received written notification of termination of this agreement in such time and in such manner as to afford ACH Originator and Bank a reasonable opportunity to act on it.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_