



### ACH Authorization Form

This form authorizes MJ Kelly Company to draft your agency's bank account for payments due. *Please complete this form and return with a copy of a voided check to:*

Email: [ach@mjkelly.com](mailto:ach@mjkelly.com)

Fax: 417-883-7103

For immediate draft of payment:

Please include the exact amount that you authorize MJ Kelly to draft from your account today, along with the insured's name and/or policy number.

For future payment purposes:

If you are providing your ACH information for future payment purposes, but don't have a payment to draft today, please mark the designated box below. We will keep these forms on file for future reference and will only draft your agency's account at your written request. **\*\*No payments are automatically drafted when there is a balance due on your agency statement.**

Agency Name: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Exact Amount Authorized for ACH Draft: \_\_\_\_\_

Last Four Digits of Bank Account for ACH Draft: \_\_\_\_\_

- Please check this box if you don't have a payment to draft today – information to be kept on file for future purposes.

*(Please continue to page 2 for bank account information)*

**Authorization Agreement Direct Payments (ACH Debits)**

I (we) hereby authorize **MJ Kelly Company**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Payee Information	
Company Name:	Federal ID #:
Remit Address for Applicable Account:	
Email Address for ACH:	

Bank Information	
Financial Institution Name:	
Branch Address:	
Name on Account:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Account Number:	Routing Number:

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please send a copy of voided check with this form and return to [ach@mjkelly.com](mailto:ach@mjkelly.com) or fax to 417-883-7103**