AUTHORIZATION AGREEMENT FOR ACH DEBIT

This **iiX** transaction will reference **ISO Claims Services Inc.** on your bank statement.

iiX Account Name:_____

iiX Customer Account #:_____

See page 2 for additional instructions including reading bank and account numbers.

Bank Account Type: ☐ Checking ☐ Savings

Name:_____
(as it appears on bank account)

Name of Bank:_____

Bank Address:_____

Bank (ABA) Number:_____

Bank Account Number:_____

☐ I agree that this authorization will remain in effect until I provide written notification terminating this service. *(ACH transaction will occur on due date of invoice or next business day).*

OR

☐ One time only authorization as described below:

Invoice number(s):_____

Total ACH Debit Amount: $_____

_____ _____
Approval (Authorized signature for bank account) **Date**

Printed Name:_____

- For recurring monthly ACH debit authorizations, please submit completed form **AND voided check** to Accounts Receivable, fax number (201) 748-1348.
- For one-time authorizations, please submit completed forms to Accounts Receivable, fax number (201) 748-1348.