



Electronic Check Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Insured (Name on Policy): _____

Name on Check: _____

Bank Routing Number: _____

Type of Account: Checking Savings

Bank Account Number: _____

To help ensure the proper application of your online payment, please provide the policy number and check appropriate box (for multiple policies, please list each policy and the amount per policy).

Policy #	Amount			
_____	\$ _____	<input type="checkbox"/>	Premium	<input type="checkbox"/> Deposits
_____	\$ _____	<input type="checkbox"/>	Premium	<input type="checkbox"/> Deposits
_____	\$ _____	<input type="checkbox"/>	Premium	<input type="checkbox"/> Deposits

ACH DEBIT AUTHORIZATION

You hereby authorize and request MBA to debit funds from your checking / savings account indicated at the Financial Institution indicated. You understand any debit returned to MBA marked "insufficient funds or uncollected funds" will automatically be processed against the account a second time.

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.

Signature: _____

Date Signed: _____

Name & Title: _____

Phone Number: _____