

## ACH Withdrawal Authorization Form for Excess Loss Monthly Premium

### Company/Policyholder Information

Full Legal Name of Company/Policyholder: \_\_\_\_\_

Policyholder Group Number (if known): \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Authorized Finance Officer

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Contact Person at company for Premium Remittance inquires/payments

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Bank Information

Bank Name: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ **(Bank must be located in the United States only)**

Bank Transit ABA Number (9 Digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Bank Account Type:  Checking  Savings  Other: \_\_\_\_\_

Monthly Withdrawal Date: \_\_\_\_\_

### Authorization

One80 Intermediaries is hereby authorized to initiate monthly premium withdraws from the bank account number referenced above for the referenced Company/Policyholder. This authorization is to remain in full force and effect until One80 Intermediaries has received written notification revoking the authority. The policyholder information and financial institution information above must be complete and accurate. It is the policyholder responsibility to notify One80 Intermediaries immediately if the financial institution or account information has changed by sending written notification to the email address referenced below. Any fees incurred due to insufficient funds will be the responsibility of the policyholder.

**\*\*The premium remittance form is due to the email noted on this form 10 days prior to the withdrawal date. If it is not received, One80 Intermediaries will withdraw prior month premium amount. The individual executing this authorization has been properly authorized and empowered by the policyholder to sign this agreement.**

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

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Internal Use Only Approvals**

Recorded By: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Please return completed form to [ESLFinance@one80.com](mailto:ESLFinance@one80.com)**

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