



ACH Sweep Authorization Form

I authorize Affirmative Insurance Services to make payments of any amount owing to me by initiating credit entries to my account indicated below in the Financial Institution named below, and I authorize the Financial Institution to accept any credit entries initiated by Affirmative Insurance Services to such account and to credit the same to such account.

Furthermore, I authorize Affirmative Insurance Services to debit the account indicated below for any amount due from the Agency named below by initiating debit entries to my account in the Financial Institution named below, and I authorize the Financial Institution to process any debit entries initiated by Affirmative Insurance Services from such account and to debit the same to such account. This authorization, when completed, constitutes compliance with NACHA ACH rules.

"Effective date" is defined as the date of uploaded business and payments, not sweep date.
Please allow three business days to process any change in information.

Effective Date _____

Financial Institution _____

Address _____

Account Name _____

Transit/ABA No. _____

Premium Account No. _____

Account Type Checking Savings

This authority is to remain in effect until Affirmative Insurance Services and the Financial Institution have received written notification from me of its termination.

Agency Name _____

Agent Number _____

Agent Tax ID _____

Name (please print) _____

Signature/ Date _____

Please attach a copy of a voided check to the completed form and fax to (630) 366-8241

150 Harvester Drive, Suite 300 Burr Ridge, IL 60527