

## INTERSTATE CLAIMS MANAGEMENT LLC

## **ACH Authorization Form**

Your Company / Firm Name:		
Address:		
City:	State:	Zip Code:
Your Contact number:	Email address:	
Contact name:		
Business name on your bank A	Account:	
Bank Account number:		
Bank ABA/Routing number (9	digit) *:	
Bank name:		
Account type:		
Checking	Savings	
*Note that the routing number listed o confirm with your institution	n the check/deposit slip is not alv	ways the correct ABA number for ACH transactions. Pleas
Company ACH Authorization S	Statement	
INTERSTATE CLAIMS MANAGE	MENT LLC® Corporation is	s hereby authorized to make Deposit entries
to the bank account indicated	above. This authorization is	is to remain in effect until we have provided
written notification to the contr	Checking Savings  that the routing number listed on the check/deposit slip is not always the correct ABA number for ACH transactions. Please m with your institution  pany ACH Authorization Statement  RSTATE CLAIMS MANAGEMENT LLC® Corporation is hereby authorized to make Deposit entries to bank account indicated above. This authorization is to remain in effect until we have provided en notification to the contrary to you.  prely,  prized Party:  E  Title:  Date:  Completed please return to ICM  tion: Ingit Chandrawat  Email: Ingit@prismonesvcs.com	
Sincerely,		
Authorized Party:		
Name:		Title:
Signature:		Date:
Once completed please return	to ICM	
Attention : Ingit Chandrawat	Email	il: Ingit@prismonesvcs.com
Phone : 952-948-8926		