

ACH Authorization Form

Your Company / Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Contact number: _____ Email address: _____

Contact name: _____

Business name on your bank Account: _____

Bank Account number: _____

Bank ABA/Routing number (9 digit) *: _____

Bank name: _____

Account type:

Checking

Savings

*Note that the routing number listed on the check/deposit slip is not always the correct ABA number for ACH transactions. Please confirm with your institution

Company ACH Authorization Statement

INTERSTATE CLAIMS MANAGEMENT LLC[®] Corporation is hereby authorized to make Deposit entries to the bank account indicated above. This authorization is to remain in effect until we have provided written notification to the contrary to you.

Sincerely,

Authorized Party:

Name: _____ Title: _____

Signature: _____ Date: _____

Once completed please return to ICM

Attention : Ingit Chandrawat

Email : Ingit@prismonesvcs.com

Phone : 952-948-8926