

AUTHORIZATION AGREEMENT FOR ACH DEBIT

iiX Account Name: _____

iiX Customer Account # _____

This iiX transaction will reference ISO Claims Services Inc. on your bank statement.

Bank Account Type: Checking Savings

Name: _____
(As It Appears On Bank Account)

Name Of Bank: _____

Bank (ABA) Number: _____

Bank Account Number: _____

I agree that this authorization will remain in effect until I provide written notification terminating this service.
(ACH transaction will occur on 15th following invoice date or next business day).

OR

One time only authorization as described below:

<u>INVOICE NUMBER</u>	<u>INVOICE AMOUNT</u>
Total ACH Debit Amount:	

Approval (Authorized signature for bank account) _____
Date

Printed Name

- For recurring monthly ACH debit authorizations, please submit completed form AND voided check to Accounts Receivable, fax number (201) 748-1348.
- For one-time authorizations, please submit completed forms to Accounts Receivable, fax number (201) 748-1348.