



A Verisk Business

### 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 15<sup>th</sup> following invoice date or next business day). of invoice date or next business day).

### OR

One time only authorization as described below:

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

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.