



Authorization Agreement for Direct Deposits

Agency Name: _____

I hereby authorize Public Risk Insurance Management, hereinafter called COMPANY, to initiate credit entries to my ____ Checking Account/____ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law. I agree to indemnify the COMPANY for all costs and expenses related to any inaccuracy, error or misrepresentation related to this request or to any information contained in this form.

Depository Name: _____

Account Name as It Appears On Statement: _____

Routing Number: _____

Account Number: _____

The authorization is to remain in full force and effect until COMPANY has received notification from me of its termination in such times and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The undersigned Receiver agrees to be bound by NACHA Operating Rules, as amended and in effect from time to time.

Print Name: _____

Signature: _____

Date: _____

Commission Statements

Commission Statements will be emailed to your agency. Please provide preferred email(s) below.

Preferred Email(s): _____

Submit completed form to:

PRIM, 8354 Northfield Blvd Suite 2710, Denver CO 80238
or email to accounting@iiamt.org