

NEW YORK AUTOMOBILE INSURANCE PLAN

22 CORTLANDT STREET SUITE 2101 NEW YORK, NY 10007-3151
212-943-5100

Authorization Agreement for ACH Debits/ACH Credits

I hereby authorize the NEW YORK AUTOMOBILE INSURANCE PLAN, hereinafter called COMPANY, to initiate ACH (Automated Clearing House) debit and/or credit entries, and to initiate, if necessary, debit and/or credit adjustments for any entries in error to my:

(Select one) Checking account (Attach Voided Check)
 Savings account (Attach Deposit Ticket if applicable)

indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name	
City, State ZIP	
Transit/ABA No.	
Account No.	
Account Name	

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Producer Name	
Producer Lic. #	
Address	
City, State ZIP	
Phone No.	
E Mail Address	
Signature*	
*Print Name	
Title	
Date	

PLEASE MAIL THIS FORM and ATTACHMENTS to:

AIPSO
ATTN: MAILBOX 6
302 CENTRAL AVE.,
JOHNSTON, RI 02919

NOTE: DEBIT AND CREDIT AUTHORIZATIONS MAY BE REVOKED ONLY BY WRITTEN NOTIFICATION DIRECTED TO AIPSO AT THE ABOVE ADDRESS.

IMPORTANT: To ensure the privacy and confidentiality of information disclosed on this form, PLEASE USE THE MAILBOX ADDRESS INDICATED ABOVE.