

## ACH DEPOSIT INFORMATION FORM

Please fill out the information below, including signature to receive your **monthly** payments via ACH directly into your bank account

Recipient of Payment:

Your Bank Name:

Your Bank Routing Code (always 9 digits):

Payee Name (can be personal or company name):

Bank Account Number:

Account type:  **Checking**  **Savings**

Your signature authorizing direct payment into this account by ACH:

Signature:

Printed Name:

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**COMPLETED FORMS MUST BE RECEIVED BY THE 25<sup>TH</sup> OF THE MONTH  
TO BE PAID BY ACH IN THE FOLLOWING MONTH.**

Please include a copy of a voided check for this account and mail along with this completed form in an envelope marked CONFIDENTIAL to:

Acrisure Protection Group  
Attn: Accounting Support  
8659 Research Dr.  
Irvine, CA 92618

If you have any questions, please contact Acrisure Protection Group Accounting Support at 949-707-4200 ext. 303.