

Owner/Operator Name: _____
Entity Name: _____
State: _____

ACH AUTHORIZATION AGREEMENT

**** NOTE** – If payments are to be drafted from multiple accounts, a separate authorization agreement & voided check must be submitted for each account.**

We _____ hereby authorize Arthur J. Gallagher Risk Management Services, Inc., hereafter called AJG, to initiate debit entries to the Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same from such account. It is acknowledged that the origination of such withdrawal transactions from this account must comply with the provision of U.S. law.

Depository Name _____

Branch _____

City _____ State _____ Zip _____

Routing Number* _____

(* 9 digit number located in left hand bottom of check – **Please provide a photocopy of a voided check**)

Bank Account Number _____

Checking Savings

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

Signature: _____

Name: _____
(Please print)

Title: _____
(Please print)

Date: _____

****Payments will be drafted on the 3rd of the month****

SEND THIS AUTHORIZATION FORM AND VOIDED CHECK TO:
Arthur J. Gallagher Risk Management Services, Inc.
4350 W. Cypress St., Suite 300
Tampa, FL 33607
Fax: (866) 245-7240 Phone: (800) 869-8402