



# E-Check Payment Authorization Form

13810 FNB Pkwy Ste 200 Omaha NE 68154

P: 877-322-7399 x1

SEND TO: [billing@riskexchange.com](mailto:billing@riskexchange.com)

THIS COMPLETED FORM MUST BE SUBMITTED TO RISK EXCHANGE (REX). THE PROCESSING OF THE PAYMENT AUTHORIZED BY THIS DOCUMENT IS **NOT** A BINDER OF INSURANCE.

## Contact Information

Company name \_\_\_\_\_

Contact name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

**Yes**, I would like to receive an email with the payment confirmation number

## Bank Account Holder Certification

I hereby certify that I, \_\_\_\_\_, am an authorized signatory on the financial account identified below.

## e-Check Authorization

I hereby authorize Risk Exchange Insurance Services, Inc. (REX) to charge a payment(s) for premium for the above referenced policy. I acknowledge that this authorization shall remain in force until Risk Exchange receives the transfer amount(s) authorized by this form. Risk Exchange Insurance Services, Inc. (REX) will use the payment(s) and account information indicated below.

I further understand that if I have indicated that the account below is a business checking account, I agree to be bound by and comply with the Operating Rules of the National Automated Clearing House Association and the laws of the United States, which govern the Automated Clearing House (ACH) Network.

## Frequency

**One Time**

**Recurring**

Payment amount \_\_\_\_\_

If **Recurring**, set all payment dates to be on day: \_\_\_\_\_

(Only complete if one-time payment is selected)

(If no date is selected, this will default to the bill due date)

Policy # \_\_\_\_\_

Bank name \_\_\_\_\_

Name on bank account \_\_\_\_\_

Type of account:  **Personal Checking**  **Business Checking**

Bank ABA routing number \_\_\_\_\_

Bank account number \_\_\_\_\_



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This authorization may be revoked by notifying Risk Exchange no later than 3:00 PM EST on the day of initial authorization by calling the phone number indicated at the top of this form. Authorizations received after 5:00 PM EST may be revoked as late as 3:00 PM EST the following business day.*