

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (CREDITS) FOR ACCOUNTS PAYABLE**

The payee hereby authorizes the NAIC Accounts Payable, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called depository, to credit and/or debit the same such account.

New Agreement Revised Agreement

Bank/Institution Name: _____

Branch Name: _____

City: _____ State _____ Postal Code: _____

Bank Phone # _____

Transit Routing # _____

Account # _____

Account Type*: Checking Savings

***Please attach a voided check on checking accounts or a deposit slip on Savings Accounts**

This authority is to remain in effect until the NAIC Accounts Payable has received written notification from the payee of its termination in such time and in such manner as to afford NAIC Accounts Payable and the Depository a reasonable opportunity to act on it.

Payee Name (Printed)

Date

E-mail address

Phone

Authorized Signature

Title

Please return the completed form and a voided check or a deposit slip to Monica Watts (MWatts@naic.org).