

Rhode Island Automobile Insurance Plan
302 Central Avenue
Johnston, RI 02919
(401) 946-2310 Fax: (401) 528-1409

ACH Deposit Authorization

Producer Number: _____

Company Name: _____

Name _____ Social Security/Tax ID/NAIC Number _____

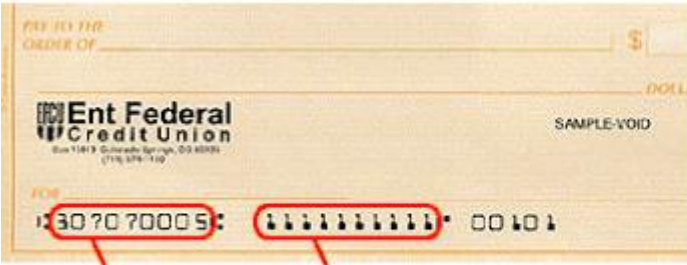
Address _____ City, ST _____ Zip Code _____

New Enrollment

Change in Account Information

Cancel

I hereby authorize RISC to deposit payments into the account maintained with the following financial institutions:

Name of Financial Institution:	
Address of Financial Institution (Street, City, State, Zip):	
Financial Institution ABA Routing Number:	Bank Account Number:
Checking Account <input type="checkbox"/>	
 <p style="text-align: center;">Routing number Account number</p>	
<u>PLEASE ATTACH A VOIDED CHECK</u>	

SIGNATURE

DATE

- **Authorization form must be typed or printed**
- Changes in bank or account number are to be reported **IMMEDIATELY** on this form.
- Whenever a change in account information is submitted, a delay of the next ACH may occur
- If you have any questions, please contact the Accounting Department at (401) 946-2310