



## Electronic Funding Authorization

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

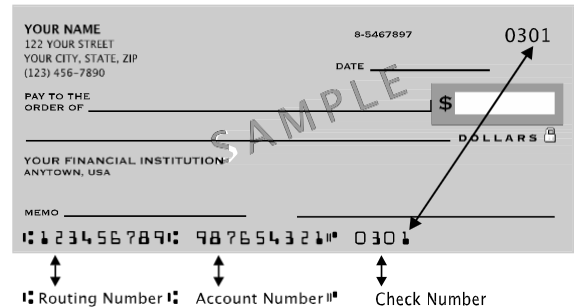
Action:  Initiate ACH  Change ACH information

We hereby authorize AGC WA Trust Administrator or its designee to initiate debit and/or credit entries to our bank account indicated below and, if applicable, to debit or credit the same to such account related to the premium payments. We acknowledge that the origination of Automated Clearing House (ACH) transactions to our account must comply with applicable law.

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_  
*(e.g., nine-digit ABA number)*

**Tip** • Your bank may have a separate routing number for ACH transactions. Please verify the routing number with your financial institution to prevent delays.



Bank Account Number \_\_\_\_\_

Type of Account  Checking  Savings

Bank Account Name \_\_\_\_\_  
*(e.g., general checking account, operating account)*

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

The undersigned is authorized to sign this funding authorization on behalf of the company.

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

Title \_\_\_\_\_