

Recurring ACH Payment Authorization

I _____ authorize **Michigan Professional Insurance Exchange** to initiate
 (Full Name)

an ACH debit to my bank account indicated below on the invoiced due date. This payment is for insurance coverage provided by **Michigan Professional Insurance Exchange**.

Billing Information

Insured Name _____

Insured Account # (XXXXXXMPIE) _____

Phone # _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Michigan Professional Insurance Exchange** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Michigan Professional Insurance Exchange** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
 (Account Holder's Signature)

DATE _____

Please send completed form to finance@mpie.org

Thank you for your business!