



ACH Authorization Form

You will begin receiving electronic payments once the following information is received, validated and entered into AJG’s accounting system. Along with this completed form, **you must include a copy of a voided check or a confirmation letter from your bank.**

Your Information

Name on Bank Account

Street Address

Federal Tax ID Number

City, State and Zip Code

Your Banking Information

I (we) hereby authorize Arthur J Gallagher Risk Management Services, Inc. (AJG) to initiate electronic payments directly into the bank account identified on this form.

Your Bank Name

Bank Street Address

Branch Name

City, State and Zip Code

Transit/ABA Number

Account Number

Business _____

Personal _____

Checking _____

Savings _____

Remittance Information

At the time of each ACH payment, an email will be sent to you via email including all related remittance details. Please provide the email address where remittance details can be sent.

Email Address: _____

Your Authorization

This authority shall continue and remain in full force until AJG has received written notification from you that you wish to terminate this agreement and reasonable time has been provided to permit AJG and your bank to act on it.

Your Name

Your Title

Your Signature

Your Telephone Number

Date

IMPORTANT: Remember to **sign this document** and **attach a voided check** from this account or a letter from your bank verifying your bank account information.