



North Dakota Insurance Reserve Fund ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. On the first business day of each month, we will send out your monthly statement. You will be charged the amount indicated on your monthly statement. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being withdrawn.

Electronic Statements:

By signing up for automatic payments, you also agree to receive your monthly statement via email.

Please complete the information below:

_____ authorizes ND Insurance Reserve Fund to charge our bank account
(full name of agency)

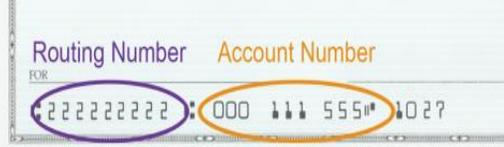
indicated below on the 10th 20th of each month* for payment of the amount listed, as total agent net amount due, on the Agency Statement sent out on the first of the month.
(select one)

Billing Address _____ Phone# _____

City, State, Zip _____

Email for monthly agent statement: _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

SIGNATURE _____
(full name of authorized signer on account)

DATE _____

I understand that this authorization will remain in effect until cancelled in writing, and I agree to notify ND Insurance Reserve Fund 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 selected payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day.** I understand that because this is an electronic transaction, these funds may be withdrawn from my account on the exact selected payment date. In the event of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the ND Insurance Reserve Fund may, at its discretion, attempt to process the charge again within 30 days, and I agree to an additional \$35 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 agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.