



## ACH REQUEST AUTHORIZATION FORM

**Complete all the information below and attach a copy of a blank/voided check.**

We authorize Acrisure, LLC d/b/a CLG Insurance (the Company) to initiate an electronic ACH debit or credit entries to our account with the depository name below. If the Company erroneously debits/credits funds to our account, we authorize the Company to initiate the necessary reversing entry not to exceed the total of the original amount for the entry in question. We acknowledge that the origination of ACH transfers to or from our account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association.

Bank Account Name:	
Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank <b>ACH</b> Routing Number:	
Account Number:	
Bank Name:	
Email Address for Statements:	
Amount:	\$1,731.25
Date to be Deducted:	

I hereby authorize the Company to electronically withdraw the above amount from the bank designated above. I understand I can revoke this authorization by sending a written request at least 10 business days before a scheduled withdrawal.

Authorized Signature:	
Print Name:	
Company Name:	Hill Cloggers of Hoosick NY Inc.
Date:	
Contact Phone Number:	

Remember to deduct this amount from your checking account.