

ACH Authorization Form

As a service to our customers, this form may be used in lieu of submitting a check for payment. Please complete a separate form for each transaction.

Check One: New Business Renewal Policy Endorsement

PLAN SPONSOR: Name: _____

I (we) authorize K&K Insurance, on behalf of Nationwide Mutual Insurance Company to initiate a single electronic debit from the account and depository shown below:

Name on Bank Account: _____ Bank Name: _____

Draft Amount : \$ _____ Checking, or Savings

Bank Account Routing/Transit Number*: _____ Bank Account Number*: _____

***See below for an explanation of where to locate these two sets of numbers on your bank check.**

Authorized Signature(s)/Not required if authorization by phone**

Date

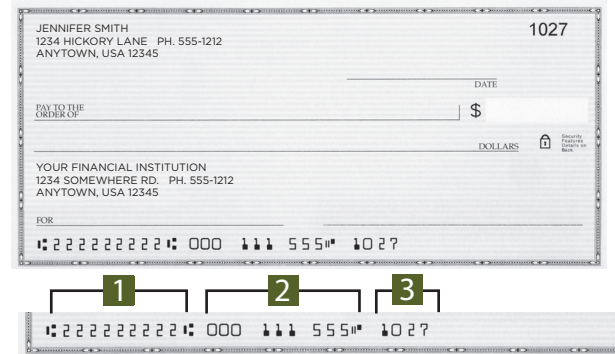
Authorized Signature(s)/Not required if authorization by phone **

**** If two signatures are required for authorization, fax completed form to 1-260-459-5903.**

To protect the integrity of this program, please maintain a bank balance sufficient to honor charges presented for payment. If you change banking arrangements, sufficient funds should be left in the account to honor charges presented for payment.

EXPLANATION OF CHECK NUMBERS

- 1** Bank Routing/Transit Number — This is a nine digit number separated by a bar and a colon |: 123456789 |:
- 2** Account Number — This number may appear as the second, first or third series of numbers. Please read carefully.
- 3** Check Number — Matches number in the upper right corner of check. NOT REQUIRED FOR ACH.



(For Office Use Only)

ACH DRAFT AUTHORIZATION

Policy Number (if available): _____

K&K Representative

Accounting

Date Received

Insured Number

Nationwide Group Protector • PO Box 2338, Fort Wayne, IN 46801
Phone: (844)-203-2691 • Fax: (260) 459-5903

