



Momentum Insurance Plans, Inc.
 2971 Chapel Valley Road
 Madison, WI 53711
 Ph: (608) 729-6500
 www.momentumplans.com

ACH Authorization Form

Account Holder Information:

 (Business Name)

 (Phone number)

 (Address)

Bank Information:

*****Please attach a voided check or deposit slip from your financial institution*****

 (Financial Institution Name)

 (Branch – City, State, Zip)

 (Bank Routing number – 9 digits)

 (Bank Account number)

Type of account: savings checking

Transaction Information:

\$ VARIABLE

 (Effective date MM/DD/YYYY)

 (Day of month (1-20) prior to month of coverage for transaction)

In exchange for agreed upon services, I authorize Momentum Insurance Plans, Inc. to initiate debit entries to my account listed above. This authorization will remain in full force until withdrawn in writing by the account holder. I understand that if any transaction is not honored by the above listed bank, a \$25 service fee may be assessed by Momentum Insurance Plans, Inc.

 (Signature of Account Holder or Authorized Representative)

 (Date)

 (Printed Name/Title of Signer)