

Authorization for Electronic Funds Transfer
Associated Employers Trust
Premium Payment

Company Name: _____

ACH Contact Name: _____

Please debit our account monthly for Insurance Premiums on the first banking day of the month.

I hereby authorize AET to initiate variable debit entries to this organizations ___ checking account or ___ savings account indicated below and the financial institution named below to debit the same to such account.

Account Number: _____

Financial Institution _____

Branch: _____ **City:** _____ **State:** _____

Bank Routing Number _____

This authority will remain in full force and effect until AET has received written notification from me of its termination at such time and in such manner as to afford AET a reasonable opportunity to act on it.

Signature _____ **Date** _____

** An actual *voided check* must be attached**

Staple voided check here



Fax or mail to:
Associated Employers Trust
1206 N Lincoln Suite 200
Spokane, WA 99201
Fax: 509-328-6832
Phone: 509-326-6892

