

ACH AUTHORIZATION FORM FOR AUTOMATIC DEPOSIT

Return this completed form along with a voided check through one of the following options:

Email: agentsupport@mbpia.com

Fax: 313-877-8347

Mail: Michigan Basic Property Insurance Association
Attention: Accounting Department
27555 Farmington Road Suite 315
Farmington Hills, MI 48334

The undersigned hereby authorizes Michigan Basic Property Insurance Association (the Company) to make deposits into my account identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the Michigan Automated Clearing House Association (MACHA).

(Only ONE account allowed for direct deposit)

Checking Account

Savings Account

(Financial Institution Name)

(Address)

(City)

(St)

(Zip)

Routing Number

Account Number

This authorization will remain in full force and effect until Michigan Basic Property Insurance Association has received written notification.

(Agency)

(Agent ID No)

(Authorized Signature)

(Date)

(Print Individual Name)

(Daytime Phone Number)

(Email address)

(Fax Number)

SUBMIT A VOIDED CHECK WITH THIS COMPLETED FORM