



Workers Compensation Fund
 100 West Towne Ridge Parkway, Sandy, Utah 84070
 800.446.2667 | www.wcgroup.com

Authorization Agreement for Automatic Payments (ACH Debits)

Company Name	Policy Number
Coverage Effective Date	Coverage Expiration Date

Initiate New Authorization Agreement

Change an Existing Authorization Agreement

IMPORTANT TERMS

This agreement will remain in force for as long as the policy is in effect. If the policy is cancelled, this agreement is also suspended. If the policy is reinstated, this agreement is also reinstated.

This agreement will expire when the policy expires. Premium developed by audit will not be paid as part of this agreement.

A new agreement will need to be executed for any renewals of this policy.

I authorize WCF to initiate ACH debits from the Checking Account Savings Account (select one) indicated below.

I acknowledge that the debits will be for premium installments only.

I acknowledge that the origination of ACH transactions to my account must comply with United States law.

Do you want to pay your down payment with automatic payments? Yes No

Do you want EPLI Coverage? (See policy packet for EPLI information, if applicable) Yes No

Financial Institution	Branch	
City	State	Zip

Individual Business Account (select one)

Routing Number	Account Number
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This authorization will remain in full effect until you notify WCF in writing that you want to terminate it. After receiving written notification, WCF and your financial institution may take up to 30 days to process the termination. WCF may terminate this agreement at any time.

Name(s) _____ Title _____
(please print)

Signature(s) _____ Date _____

If you have questions about this form, please call our accounting department at 385.351.8030 or toll free at 800.446.2667 ext. 8030.

Internal Use Only	Policy Renewal Number
Date Received	Date Entered
Received By	Entered By
Comments/Changes	