



RHODE ISLAND  
JOINT REINSURANCE ASSOCIATION

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Two Center Plaza  
Boston, Massachusetts 02108-1904  
(800) 851-8978, FAX (800) 922-2117

TO: All Producers/Agents who receive  
Monthly Agency Commission

FROM: Frances A. DiRusso

RE: ACH Electronic Funds Transfer Payments

DATE: August 8, 2003

How would you like to have your monthly commission credited to your bank up to ten days earlier than normal? Instead of waiting until the 20<sup>th</sup> of each month for your check to arrive by way of the postal system and then bringing it to your bank of choice you will soon be able to have funds transferred directly to your bank.

The following form should be filled out completely with your banking information. We will need this form filled out each time you make a change in any of your banking information (new bank, new account number). Also please include a blank check, which has been voided. The voided check will enable us to successfully pre-note your account as preparation and set up for future commission payments, which will be directly deposited to your account.

If you need any further information or have any questions, please do not hesitate to contact Angela Shen at (617) 557-5565 or email [ashen@mpiua.com](mailto:ashen@mpiua.com).

We hope that this service will be an enhancement that you will see as beneficial to your agency.

Thank you,

Frances A. DiRusso  
Assistant Controller



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**ACH DEPOSIT AUTHORIZATION**

PRODUCER NUMBER: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY/TIN NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NEW ENROLLMENT  CHANGE IN ACCT  CANCEL

I HEREBY AUTHORIZE MPIUA TO DEPOSIT PAYMENTS INTO THE ACCOUNT MAINTAINED WITH THE FOLLOWING FINANCIAL INSTITUTION:

NAME OF FINANCIAL INSTITUTION:	
ADDRESS OF FINANCIAL INSTITUTION (STREET, CITY, STATE, ZIP):	
FINANCIAL INSTITUTION ABA ROUTING NUMBER:	BANK ACCOUNT NUMBER:
CHECKING ACCOUNT <input type="checkbox"/>	SAVINGS ACCOUNT <input type="checkbox"/>

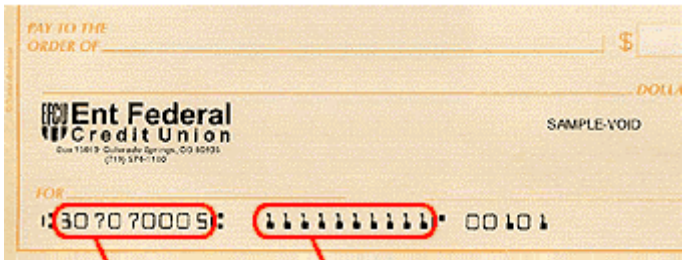
**ATTACH VOIDED CHECK:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION MUST BE TYPED OR PRINTED.**

- CHANGES IN BANK OR ACCOUNT NUMBER ARE TO BE REPORTED **IMMEDIATELY** ON THIS FORM.
- WHENEVER A CHANGE IN ACCOUNT INFORMATION IS SUBMITTED, A DELAY OF THE NEXT ACH MAY OCCUR.



**Routing number**

**Account number**