



# RHODE ISLAND JOINT REINSURANCE ASSOCIATION

## FINANCIAL DIVISION

TWO CENTER PLAZA  
BOSTON, MASSACHUSETTS 02108-1904  
(617) 723-3800 · (800) 851-8978 · FAX (617) 557-5686

### ACH Deposit Authorization

Producer Number: \_\_\_\_\_

Name \_\_\_\_\_ Social Security / Tax ID Number \_\_\_\_\_

Address \_\_\_\_\_ City, ST \_\_\_\_\_ Zip Code \_\_\_\_\_

New Enrollment  Change in Account Information  Cancel

I hereby authorize RIJRA 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  Savings Account



Routing number

Account number

**PLEASE ATTACH A VOIDED CHECK**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

- **Authorization form 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
- If you have any questions please contact Lisa Nee at (617) 557-5589 or email [lnee@mpiua.com](mailto:lnee@mpiua.com).