



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

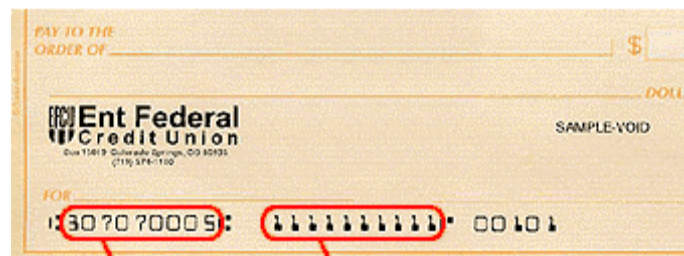
I hereby authorize RIJRA to deposit payments into the account maintained with the following financial institution:

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 Bernadette McMahon at (617) 557-5563 or email bmcmahon@mpiua.com.