



RHODE ISLAND JOINT REINSURANCE ASSOCIATION

FINANCIAL DIVISION

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

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):

ABA Routing Number:

Bank Account number:

Checking Account

Savings Account



Routing
number

Account
number

***Please attach a voided check or bank-issued document showing the account holder name, routing number, and account number.**

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.
- Please forward the completed form to the Financial department at Financial-AR@rijra.com.