

*Authorization for Electronic Funds Transfer*  
Associated Industries Management Services (AIMS)  
Premium Payment

**Company Name:** \_\_\_\_\_

**ACH Contact Name:** \_\_\_\_\_

Please debit our account monthly for Insurance Premiums on the first banking day of the month.

I hereby authorize AIMS to initiate variable debit entries to this organizations \_\_\_ checking account or \_\_\_ savings account indicated below and the financial institution named below to debit the same to such account.

**Account Number:** \_\_\_\_\_

**Financial Institution** \_\_\_\_\_

**Branch:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

This authority will remain in full force and effect until AIMS has received written notification from me of its termination at such time and in such manner as to afford AIMS a reasonable opportunity to act on it.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_

\*\* An actual *voided check* must be attached\*\*

Staple voided check here



Fax or mail to:  
Associated Industries Management  
Services  
1206 N Lincoln Suite 200  
Spokane, WA 99201  
Fax: 509-328-6832