Your Information



ACH Authorization Form

To begin receiving payments to your bank account through Automated Clearing House (ACH) system, this form MUST be completed, signed AND accompanied by a **Printed Voided Check or Bank Letter**

Name on Bank Account	Street Address
My Social Catch Federal Tax ID Number	Miormi 135955W 134 Aug Suite 202 City, State and Zip Code
82-127605	Miam: FL 33/86
Your Banking Information I (we) hereby authorize Azimuth Risk Solutions, LLC to initiate credit entries to our bank account for funds Azimuth Risk Solutions, LLC owes to us.	
Your Bank	Street Address
Bankof Hymerica Branch Name	R576 SW 120th St City, State and Zip Code
063100277 Transit/ABA Number	Miami, FL 33186 Account Number
063100277	898683264635
Business Personal Personal	Checking Savings
Remittance Information Remittance information will be included with the ACH payments. If complete detail is too long for addenda field, a separate notification will be forwarded to facilitate cash application. Please provide the email address to forward the payment details. Remittance Email Address: Magda Seguros elite: COM Your Authorization This authority shall continue and remain in full force until Azimuth Risk Solutions, LLC has received written	
notification from you that you wish to terminate this agreement and reasonable time has been provided to permit Azimuth Risk Solutions, LLC and your bank to act on it.	
Testing To test proper set up of your bank instructions, we will test the information provided with an ACH payment for \$0.01 or a similar small amount less than \$0.51. Please note who we should contact to confirm receipt of payment.	
Testing Contact Name: My Social Codd Your Name Magdle Y. Gelves	1 Email: <u>magdale seguros</u> elite. com Your Title P.
Your Signature	Your Telephone Number Date
Please attach a voided check from the account above	or a letter from your bank verifying ACH instructions to this
form and return via email, mail or fax to the following address found on the instructions letter.	