ONE80 INTERMEDIARIES
Vista Underwriting

CLEAR FORM

ACH Withdrawal Authorization Form for Excess Loss Monthly Premium

Company/Policyholder Informatio

Full Legal Name of Company/Policyholder: _____

Policyholder Group Number (if known): _____

Current address: _____

City: _____ State: Select a State Zip: _____

Authorized Finance Officer

Name: _____ Telephone: _____ Email: _____

Contact Person at company for Premium Remittance inquires/payments

Name: _____ Telephone: _____ Email: _____

Bank Informatio

Bank Name: _____

Bank Street Address: _____

City: _____ State: Select a State Zip: _____

Country: _____ ***(Bank must be located in the United States only)***

Bank Transit ABA Number (9 Digits): _____

Bank Account Number: _____

Bank Account Name: _____

Bank Account Type: ☐ Checking ☐ Savings ☐ Other: _____

Monthly Withdrawal Date: 1st of the Month (or next business day if weekend or holiday)

Authorizatio

One80 Intermediaries is hereby authorized to initiate monthly premium withdraws from the bank account number referenced above for the referenced Company/Policyholder. This authorization is to remain in full force and effect until One80 Intermediaries has received written notification revoking the authority. The policyholder information and financial institution information above must be complete and accurate. It is the policyholder responsibility to notify One80 Intermediaries immediately if the financial institution or account information has changed by sending written notification to the email address referenced below. Any fees incurred due to insufficient funds will be the responsibility of the policyholder.

***The premium remittance form is due to the email noted on this form 10 days prior to the withdrawal date. If it is not received, One80 Intermediaries will withdraw prior month premium amount. The individual executing this authorization has been properly authorized and empowered by the policyholder to sign this agreement.*

Authorized Signature: _____ Date: _____

Name & Title: _____ Date: _____

Internal Use Only Approvals Recorded By: _____ Approved By: _____

Please return completed form to Finance@vistaunderwriting. om

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"Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."