

ACH Form for Claim Reimbursement(s)

General Information

Date	
Policyholder Name	
Policy Number	
Financial Contact for Policyholder: Name	
Financial Contact for Policyholder: Phone # <i>(A verification call will be made to authenticate banking information)</i>	
Financial Contact for Policyholder: E-mail	
Contact Name to Receive ACH EOR Detail	
Contact Email to Receive ACH EOR Detail	
Contact Phone # to Receive ACH EOR Detail	

Check box if the administrator holds the account on behalf of the policyholder

Bank Details

Bank Name	
Bank Address	
Bank Contact Name	
Bank Contact Phone Number	
Bank Account Name	
Bank Account Number	
Bank ABA Number	
Account Type:	

POLICYHOLDER APPROVAL:

Officer Signature

Printed Name/Title

Date

Internal Use Only

Bank Approval/Date: _____

DYS Approval/Date: _____

System Update/Date: _____

Please return completed form to Finance@vistaunderwriting.com

Rose Tree Corporate Center | Building II, Suite 4050 | 1400 N. Providence Road | Media, PA 19063
p: 610-566-1666 f: 610-566-4877

Fraud Compliance Notice: "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."

"California Residents: for your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison." Per California Insurance Code Section 1871.2