

National Underwriting Services, Inc.

## 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 [dalexander@nus1.com](mailto:dalexander@nus1.com)**

Rose Tree Corporate Center | Building II, Suite 4050 | 1400 N. Providence Road | Media, PA 19063  
p: 210-695-2181 (ext.207)

*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.*