

ACH Form for Commission Payment(s)

General Information

Date	
Entity Name (Please include completed W-9 for the entity)	
Financial Contact : Name and Title	
Financial Contact : Phone Number for verification	
Financial Contact : E-Mail	
Contact Name: to Receive Commission Statement	
Contact Email: to Receive Commission Statement	

Bank Details

Bank Name	
Bank Address	
Bank Contact Name	
Bank Contact Phone Number	

Bank Account Name	
Bank Account Number	
Bank ABA Number	
Account Type	

By signing below, I/we authorize One80 Intermediaries, Inc to initiate electronic payments to the provided bank account. I/we acknowledge and consent that, for security and fraud prevention purposes, One80 Intermediaries, Inc will conduct a phone verification to confirm the banking information provided before any transactions are processed.

AGENCY APPROVAL:

Agency Signature

Printed Name/Title

Date

Internal Use Only

Bank Approval/Date: _____

DYS Approval/Date: _____

System Update/Date: _____

Please return completed form to ESLFinance@one80.com

One80 Intermediaries | Medical Stop Loss, 18 Campus Blvd. Suite 208, Newtown Square, PA 19073
p: 610-566-1666 f: 610-566-4877