ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM
FOR AUTOMATED CLEARING HOUSE (ACH)

Accelerated Adjusting LLC

Contact Information

Company Name:		
Address:		

City:	*State or Province:*	*Postal Code:*
Country:		
Contact Name:		
Phone:	*Fax:*	
E-mail Address:*		

****EFT Remittances will be sent to the e-mail address listed above.***

ACH Banking information

Bank Name:		
Bank Street Address:		
Bank City:	*State:*	*Zip Code:*
Bank Country:		

Account Number

Transit Routing Number

I hereby authorize Accelerated Adjusting LLC and its affiliates to deposit electronic funds into the above account at the above named bank. The bank specified above will not be held liable for any erroneous deposits or adjustments by Accelerated Adjusting LLC. The authorization remains in effect until written notice is given to cancel it.

Signature: _____ *Title:* _____

(Authorized Signer on Bank Account)

Print Name: _____ *Date:* _____

(Authorized Signer on Bank Account)

Return completed form to: ***Accelerated Adjusting LLC***

Fax: (828) 237-4717

Confidential