MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

FINANCIAL DIVISION

TWO CENTER PLAZA
BOSTON, MASSACHUSETTS 02108-1904
(617) 723-3800 · (800) 851-8978

ACH Deposit Authorization

Producer Number: _____

Name | Social Security / Tax ID Number

Address | City, ST | Zip Code

New Enrollment ☐ Change in Account Information ☐ Cancel ☐

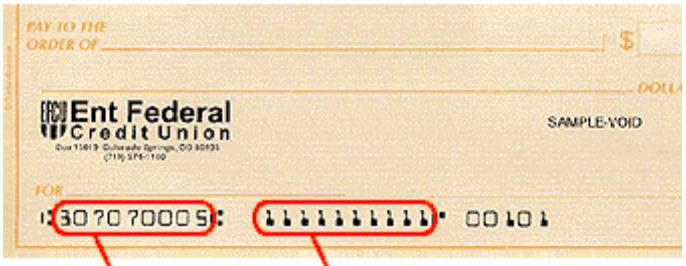
I hereby authorize MPIUA to deposit payments into the account maintained with the following financial institution:

Name of Financial Institution:

Address of Financial Institution (Street, City, State, Zip):

ABA Routing Number: | Bank Account number:

Checking Account ☐ Savings Account ☐



***Please attach a <u>voided check</u> or <u>bank-issued document</u> showing the account holder name, routing number, and account number.**

SIGNATURE | DATE

- **<u>Authorization form must be typed or printed.</u>**
- Changes in bank or account number are to be reported **<u>IMMEDIATELY</u>** on this form.
- Whenever a change in account information is submitted, a delay of the next ACH may occur.
- Please forward the completed form to the Financial department at Financial-AR@mpiua.com.