

## DIRECT DEBIT AUTHORIZATION FORM

**New Enrollment**

**Change in Banking Information**

Avalon is hereby authorized to Instruct JPMorgan Chase Bank to present automated clearing house (ACH) debits on my account indicated below and the depository named below for payment of settlements due by the client of Avalon.

**Client Account Number:**

**Account Name:**

**Bank Name:**

**Bank Address:**

**City:**

**State:**

**Zip Code:**

**Account Number:**

**Routing Number:**

**Client Contact Person:**

**Phone Number:**

*This arrangement does not affect our primary obligation for payment. This authorization is to remain in effect until you are notified in writing or we receive written notification from you.*

**Legal Entity Name:**

**Authorized Name:**

**Authorized Signature:**

**Date:**

**COMPLETE ENROLLMENT FORM AND ATTACH A VOIDED CHECK**



150 NORTHWEST POINT BOULEVARD | 4TH FLOOR | ELK GROVE VILLAGE, IL 60007  
PHONE: (847) 700-8100 | FAX: (847) 700-8116 | WWW.AVALONRISK.COM