



**Kentucky League of Cities  
Insurance Services**

**ACH PREAUTHORIZED PAYMENT AUTHORIZATION AGREEMENT**

I (we) hereby authorize Kentucky League of Cities Insurance Services, hereinafter called COMPANY, to initiate debit entries, related to my Worker's Compensation claims, to the account listed below. I understand that, if necessary, credit entries and adjustments for any debit entry in error may be made to my account in relation to such debit entries.

This authorization will remain in effect until COMPANY has received written notification from me at least 30 days prior to the next scheduled deposit date.

**NOTE: We can only process ACH payments to one bank account.**

**Please print.**

_____	_____
Client	Email
_____	_____
Phone number	Claim Number
_____	
Financial Institution	
_____	Type of Account
Routing Number	<input type="checkbox"/> Checking
_____	<input type="checkbox"/> Savings
Account Number	

**Attach a voided check for verification of routing number and account number.**

_____	_____
Authorized Signature	Date

**Company must retain copy of authorization to be produced upon originating or receiving bank's request.**