



An  company

Crop Risk Services
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Direct Deposit Authorization Form

Transaction Type: New Setup Change of Bank Cancellation

Policy or Account Number: _____

Insured Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

****Email required to set up direct deposit**

Account Type (Select One): Checking Savings

Financial Institution Name: _____

Address: _____

City, State, Zip Code: _____

Bank Account Number: _____

Routing Number: _____

(nine digit number)

I hereby authorize Crop Risk Services to initiate ACH credit (deposit) entries to my account at the financial institution named above, and, if necessary, to initiate adjustments for any transactions done in error. This authority will remain in effect until Crop Risk Services is notified by me in writing to cancel it in such time as to afford Crop Risk Services and the financial institution a reasonable opportunity to act on it. No payments will be made via ACH until CRS has successfully transmitted a test file, which takes 3-5 business days from receipt of this form.

Signature: _____

Date: _____

*Please include a voided check or deposit slip and email completed form to
crsaccounting@cropriskservices.com*