

DIRECT DEPOSIT AUTHORIZATION FORM

CROP RISK SERVICES

An **AIG** company

132 South Water Street
Suite 500
Decatur IL 62523
USA

Office Toll Free: 800 500 2836
Claims Toll Free: 877 558 0550

TRANSACTION TYPE New Setup Change of Bank Cancellation

FINANCIAL INSTITUTION Name:
Address:
City:
Account Number:
Routing Number:
(nine digit number)

Account Type (Select One): Checking Account Savings Account

Name:
Address:
City:
State/Zip Code:
Phone Number:
Email Address:

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