



DealerComp ADAA

ADAA Worker's Compensation Self-Insurance Fund

1335 Carmichael Way | Montgomery, AL | 36106 | 334-271-4625

Authorization Agreement for Pre-Authorized Payments (ACH Debits)

I authorize the above name Originating Company to initiate debit entries or adjustments for any debt entries to my (our) checking account listed below.

The authority is to remain in full force until DealerComp ADAA (the Fund) has received written notification from the member company of its authorization agreement's termination in such manner as to afford the Fund a reasonable opportunity to act on it.

I understand that ACH debit transactions will occur on the 1st business day of the quarter billed. Debit amount will be based on estimated billing.

Financial Institution

Routing Number

Account Number

Checking

Savings

Member Name

Member Address

DealerComp ADAA Member Number (should be 4 numbers)

Beginning Date of ACH Debit

Authorized Signature

Please remit by email (sheree@adaaweb.com) or fax (334-271-2167)
