



# 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 1<sup>st</sup> business day of the quarter billed. Debit amount will be based on estimated billing.

## Financial Institution

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## Routing Number

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**Account Number**

## Checking

## Savings

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Member Name

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## Member Address

DealerComp ADAA Member Number (should be 4 numbers)

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**Beginning Date of ACH Debit**

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Authorized Signature

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