



# ACH or Direct Deposit Authorization Agreement

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I hereby authorize POLICY RESEARCH, INC., to initiate ACH or Direct Deposit/Debit to/from my account listed below. I also authorize POLICY RESEARCH, INC., to make any adjustments necessary to correct errors to my account listed below.

**New**                      **Change**

**Bank Name**

**City**

**State**

**ZIP code**

**Bank Routing/Transit Number**

**Account Number**

**Checking**

**Savings**

This authority is to remain in full force and effect until POLICY RESEARCH, INC., has received written notification from me to terminate ACH/Direct Deposit.

**Individual or Organization  
Name**

**Email Address to Receive  
Deposit Notification**

**Social Security Number or  
Tax Identification Number**

**Authorized  
Signer**

**Date**

**Title**

**Joint Account Owner  
(if applicable)**

**Signature**

**Date**

Note: Please attach a voided blank check or savings account deposit slip (copies of blank checks and deposit tickets are acceptable) to validate account information.