## **Inshore Benefits**

## **Electronic-Funds Transfer Authorization Form (ACH)**



I am returning this authorization to Pathian Administrators, authorizing Pathian Administrators and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Pathian in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged.

## Please return this completed form and a copy of a voided check to:

## Pathian Administrators 32110 Agoura Road, Westlake Village, CA 91361

1. CLIENT INFORMATION				
Client Name:				
Existing Division #:		Contact Phone #:		
Client Address:				
City:			State:	Zip:
(Please enter t	<b>2. FINANCIAL I</b> the name/address of the b			IATION nents to be withdrawn from)
Name of Bank:		Branch:		
Bank Address:				
City: Sta		State	:	Zip:
□ Voided Check Attached	Signature (x):	tion for Po	athian Administrators	to withdraw funds from your account)
Please check one:	Checking 🗆 Savir	ngs		rom your bank account will occur on th ach month for which the premium is du
Bank Routing #: The rou the lower left of your check. T the I: symbols.			second I: symbol an	ccount number can be found between d the    symbol. Do not include the chot he right of the    symbol.
0.		ı:		
Q				
Cut here and retain for you	ur records.			
				nic entries to my checking/savings acco with the company at any time by writin