## **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 INSTITU</b> the name/address of the bank and a		
Name of Bank:		Branch:	
Bank Address:			
City:	State		Zip:
□ Voided Check Attached	Signature (x):  (This is your authorization for Po		to withdraw funds from your account)
Please check one:	Checking		rom your bank account will occur on the ach month for which the premium is due.
Bank Routing #: The routing code is the 9-digit number on the lower left of your check. The routing code appears between the 1: symbols.		second I: symbol ar	account number can be found between the one the ll symbol. Do not include the check o the right of the ll symbol.
r:	1:	1.	II
Cut here and retain for you	ur records.	1	
and have agreed to the terms	listed on the authorization. I may revaddress above. If the payment amou	oke my authorization	nic entries to my checking/savings account with the company at any time by writing to notify you at least 10 days before the

Phone: (800) 786-6525 | Fax: (818) 960-0141 | Email: inshore@pathianadministrators.com | Website: inshorebenefits.com