



Authorization Agreement for Direct Deposit (ACH Credits)

As a payment option, Risk Innovations offers payees the opportunity to receive future commission payments electronically, rather than by check. Your payments will be deposited into the checking account of your choice and you will be notified of the deposit by email. The e-mail will provide you with all the information that would normally be enclosed with your check. To receive payments electronically, you must complete this form, attach a voided check and return by email

(preferred) – accounting@riskinnovations.com, or by mail to:

Risk Innovations Insurance Agency, LLC Attn: Accounting Dept. 7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Payee Information	
Company Name: _____	Federal ID#: _____
Remit Address for applicable account: _____	
Email Address for payment notification: _____	

I (we) hereby authorize Risk Innovations to initiate credit entries to our Checking Account/Savings Account (please select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same such account. I (we) acknowledge that the originator of ACH transactions to my (our) account must comply with the provisions of U.S. law

Bank Information		
Depository Name: _____	Branch Address: _____	
Name on Account: _____	Account Number: _____	Routing Number: _____

This authorization is to remain in full force and effect until Risk Innovations has received written notification from me (us) of its termination in such time and in such manners as to afford Risk Innovations and DEPOSITORY a reasonable opportunity to act on it.

Name (please print): _____ Title: _____

Signature: _____ Date: _____

NOTE: Please send a copy of voided check with this form.

Please return to:
Risk Innovations Insurance Agency, LLC
Attn: Accounting Department
accounting@riskinnovations.com

7000 Central Parkway, Suite 1100, Atlanta, GA 30328