

**Authorization Agreement for
Direct Deposit of Disbursements**



Agency Name: _____

Agency Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Contact Email Address: _____

Contact Phone Number: (_____) _____

I hereby authorize ProAssurance Corporation and/or its subsidiary companies (the “Company”) to initiate credits to my agency’s account, indicated below, and the bank, named below, to credit the amount of such entries to my account.

Note: You must attach a voided check for the account.

☐ Bank ☐ Credit Union

Bank or Credit Union Name: _____

☐ Checking ☐ Savings

Banking Transit/ABA: _____ Account Number: _____

This form authorizes the Company to deposit disbursements directly into the named agency’s bank account.

This authority is to remain in full force until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable time to act on it.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

_____ I hereby request that direct deposit stop immediately.
(Initials)

Date: _____