

**REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT)**

**Automated Clearing House (ACH) Payments**

**COMPANY INFORMATION**

Company Name: Street Address: City, State, Zip: Contact:

Telephone Number: Email Address:

**FINANCIAL INSTITUTION INFORMATION**

Bank Name:

Bank Address: **City: State, Zip:**

Bank ABA Number:

Bank Account Number: Name on Account:

Please attach a voided check

**AUTHORIZED SIGNATURE**

# Print Name

**Date**

**Signature**

Return completed form via one of the following:

Fax: 630-230-2087 Mail : OOAG

Email: kklima@midwestinsure.com 1301 E Higgins Road

 Elk Grove Village, IL 60007