

Arch Insurance Solutions A&H Insurance Enrollment/ACH (eCheck) Authorization Form

Date:	-	
Who would you like to recei	ive the commission notif	Zip: / ACH (eCheck): Savings
Name:		
Email Address:		
If you would like commission	n paid by paper check:	
Mailing Address:		
City:	State:	Zip:
If you would like commissio	n paid by ACH (eCheck):	
Bank Name:		
Bank Account Name:		
Bank Account Type: ☐Check	xing □Savings	☐ Business Checking
Bank ABA Routing Number:		
Bank Account Number:		
X		
Authorized Signature		Title
Print Name		 Date

Electronic signatures are not accepted. Please scan this completed document and email to: akirby@archinsurance.com