

**NORTH CAROLINA REINSURANCE FACILITY
Authorization Agreement for ACH Deposits (Credits)**

This is our company authorization for the North Carolina Reinsurance Facility to automatically credit our **checking account**, **savings account**, for Account Activity balances due our company. Our account information is as follows:

Account Name	
Account Number	
Bank Name	
Bank Routing Number	
Bank Branch Office Address & Contact Person's Phone Number	

We understand that this authorization will be in effect until we notify the North Carolina Reinsurance Facility Accounting Department, in writing, that we no longer desire this service, allowing it reasonable time to act on our notification. We also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to our account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Company Name & Company ID/TIN

N.C. Reinsurance Facility 5-Digit Code

Name & Title (print)

Signature

Contact Number & E-Mail Address

Date