



West River
INSURANCE COMPANY

WORKERS'
COMPENSATION
SPECIALIST

Authorization to Debit Your Bank Account

By signing and completing the information below, you have authorized West River Insurance Company to debit your banking account electronically through the Automated Clearing House (ACH). West River Insurance Company will initiate a debit to your bank account and the debit will post to your account the next business day. If you have any questions concerning this service, please contact us at (855) 267-4438.

Insured's Name (print) _____

Policy Number _____

Phone Number _____

Name of your bank _____

Routing Number (9 digits) _____

Account Number _____

Account Type (Circle one) Checking Savings

Amount of Payment _____

**A \$15 processing fee will be added to the payment amount indicated above.
All payments received after 4:00 PM CST will be processed the next business day.**

I hereby authorize Midwest Financial Holdings, LLC., it's successors and/or assigns to automatically draft from my checking or savings account listed above for the specified amount. I further authorize my bank to make payments from this account directly to Midwest. I agree that such withdrawal and payment should be treated as if I personally signed for the withdrawal and payment. I further agree that if any such withdrawal or payment is dishonored, intentionally or inadvertently, Midwest shall be under no liability with respect thereto and I will be charged a \$25 rejected payment fee.

Insured's Authorized Signature _____

Please fax this form to 217-862-8994