



A subsidiary of Michigan Retailers Association

**MICHIGAN RETAILERS SERVICES, INC.
GROUP INSURANCE PREMIUM ACH AUTHORIZATION FORM**

Member Name: _____
Please print clearly

Store: _____

City: _____

Telephone: _____ **Fax:** _____

I hereby authorize Michigan Retailers Services, Inc. to initiate debit entries for group insurance premium from the account listed below on a monthly basis.

I further authorize credit entries or adjustments in the event of an error in connection with the above group insurance premium.

ACCOUNT TYPE:	
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Personal Checking
Transit Routing (ABA) Number: _____	
Checking Account Number: _____	
Bank Name: _____	
Bank Address: _____	
City, State, Zip: _____	

This authorization is to remain in full force and effect until canceled in writing by authorized signer.

Authorized Signature: _____

Print Name: _____ **Title:** _____

Please attach copy of deposit slip or voided check