



DIRECT DEPOSIT AUTHORIZATION

- ☐ I (we) hereby request and authorize iA American Warranty L.P. and/or its affiliates, hereinafter called COMPANY, to initiate credit entries into the account indicated below, herein called DEPOSITORY.
- ☐ I request to cancel my deposit authorization.

ACCOUNT TYPE: ☐ CHECKING ☐ PERSONAL (PPD)
☐ SAVINGS ☐ COMMERCIAL (CCD)

FINANCIAL INSTITUTION NAME	CITY/STATE/ZIP
NAME ON BANK ACCOUNT	REMITTANCE EMAIL ADDRESS
ACCOUNT #	ROUTING #
NAME ON W9 OR TAX ID DOCUMENT	TIN/SS#

This authority is to remain in full effect until Company has received written notification from me of its termination in such time and in a manner as to afford Company reasonable opportunity to act on it. By signing this authorization form, I further acknowledge that:

- Incorrect banking instructions will result in a three- to five-day delay in funding. Please confirm banking instructions with your banking institution;
- Setup for direct deposit of my payments may take up to five business days to complete;
- If direct deposit is not canceled by me before closing an account, funds payable to me will be delayed;
- I must notify the Accounts Payable department at least five business days before the scheduled payment date in order for changes to take effect on the upcoming payment;
- I am obligated to return any funds credited to my account in error; and
- The provided banking instructions will be used for all COMPANY payments made to the entity listed above.

PRINTED NAME	DATE
SIGNATURE	PHONE NUMBER

Completed forms should be emailed to iAAccounting@iaawg.com.