



**Kingsway America Inc.
ACH Deposit Authorization Form
Effective January 2018**



AUTHORIZATION FOR DIRECT CLAIMS PAYMENT VIA ACH (ACH DEBITS)
Please send the completed form to enroll@trinitywarranty.com.

I authorize **Kingsway America Inc.** ("Company") to electronically debit my account, and, if necessary, electronically credit my account to correct erroneous debits as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below ("Bank").

Bank Name _____

Bank Routing Number (9 digits) _____

Account Number _____



Routing Number Account Number

I understand this authorization will remain in full force and effect until I notify the Company in writing at Kingsway America Inc., Attention: Accounts Payable, 1919 S. Highland Ave. Suite 250 60143 that I wish to revoke this authorization.

I understand the Company requires at least 5 days prior notice in order to cancel this authorization.

I agree that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Company Name: _____

Portal Account Number (5 digits): _____

AR Contact Name: _____ AR email: _____

Name: _____

Signature: _____ Date: _____