



A JenCap Holdings Company

MJ Kelly Company
P. O. Box 231
Turners, MO 65765-0231

Phone: (800)725-7211
Fax: (417)883-7103

Following are forms that authorize MJ Kelly Company to draft your agency's bank account for payments due. Please complete this form and return **ALONG WITH A COPY OF A VOID CHECK**. You may either fax or email the form back to our accounting department.

Fax: 417-883-7103

Email: ach@mjkelly.com

Please be sure to also include the exact amount you authorize MJ Kelly to draft from your account today, along with the insured's name and/or policy number. If you are sending in the form for us to keep on file but do not wish to have a payment drafted, please be sure to let us know that.

MJ Kelly will keep these forms on file for future reference and will only draft your agency's account at your written request. No payments are automatically drafted when there is a balance due on your agency statement.

If you have any questions regarding these forms or need anything further, please do not hesitate to contact the accounting department.

Thank you for your business!!

AGENCY NAME: _____

INSURED NAME: _____

EXACT AMOUNT AUTHORIZED FOR ACH DRAFT: _____

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize **M J Kelly Company**, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter call FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Address)

(City-State)

(Zip)

(Routing/Transit Number)

(Account Number)

Type of Acct: ___Checking ___Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(print individual name)

(print individual name)

(Signature)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM