

**Alaska Division of Insurance  
P.O Box 110805  
Juneau, AK 99811-0805  
(907) 465-2584  
Fax: (907) 465-3422**

**Authorization Agreement for Electronic Funds Transfer via ACH CREDIT**

Company Name or Surplus Lines Broker _____	
NAIC Number or License Number _____	
Contact Person _____	Telephone _____
Contact E-mail _____	
Contact Person _____	Telephone _____
Contact E-mail _____	
Mailing Address for ACH correspondence _____	Fax _____
_____	
_____	
Before choosing the ACH Credit and Addenda option, check with your financial institution to be sure it can accommodate your needs.	
Signature _____	Date _____
Title _____	