

Authorization Agreement for
Direct Deposit of Disbursements



Agency Name: _____

Agency Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____

Contact Email Address: _____

Contact Phone Number: (____) _____

I hereby authorize ProAssurance Corporation and its subsidiaries (the "Company") to initiate credits to my agency's account, indicated below, and the bank, named below, to credit the amount of such entities to my account.

Note: You must attach a voided check for the account.

Bank Credit Union

Bank Or Credit Union Name: _____

Checking Savings

Banking Transit/ABA: _____ Account Number: _____

This form authorizes the Company to deposit disbursements directly into the named agency's bank account.

This authority is to remain in full force until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable time to act on it.

Signature: _____

Date: _____

_____ I hereby request that direct deposit stop immediately
(Initials)

Date: _____

Revised 01/2024

ProAssurance Corporation insurance subsidiaries include ProAssurance Indemnity Company, Inc., ProAssurance Specialty Insurance Company, ProAssurance American Mutual, A Risk Retention Group, NORCAL Insurance Company and NORCAL Specialty Insurance Company