

**AMCA SYSTEMS LLC**  
**ACH Recurring Payment Authorization**  
**ACCOUNT UPDATE FORM**

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**In order to update your bank account information, you should complete the following form and return it to our office along with a VOIDED check.**

**Please mail it to:**

ACH Authorization c/o AMCA Systems  
101 Bradford Road  
Suite 340  
Wexford, PA 15090

**When will this change be effective?**

If we receive your form prior to the 25<sup>th</sup> of this month, your account information will be updated in our system for the deduction that will occur at the end of this month.

If we receive your form AFTER the 25<sup>th</sup> of this month, your account information will be updated in our system for the deduction that will occur at the end of next month.

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**Please complete the information below:**

I \_\_\_\_\_ authorize AMCA Systems, LLC to update my bank account  
(Full Name)

information for my reoccurring insurance payment.

Billing Address \_\_\_\_\_

Member# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Information to be updated:**

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AMCA Systems in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the prior business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that AMCA Systems may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$12.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree to be bound by the NACHA Operating Rules as a Receiver of these authorized debits to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.