

### ACH Authorization Form

Your Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Business Name on Your Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA/Routing Number (9 digit) \*: \_\_\_\_\_

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

Account type:

Checking

Savings

\*Note that the routing number listed on the check/deposit slip is not always the correct ABA number for ACH transactions. Please confirm with your institution

### Company ACH Authorization Statement

EDGE CLAIMS LLC<sup>®</sup> Corporation is hereby authorized to make Deposit entries to the bank account indicated above. This authorization is to remain in effect until we have provided written notification to the contrary to you.

Sincerely,

Authorized Party:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once completed please return it to EDGE CLAIMS LLC

Attention : Sai Bommana

Email : [paymenthelpdesk@edgeclaims.ai](mailto:paymenthelpdesk@edgeclaims.ai)

Phone : (229) 744-5029 Ext : 182