ACH AUTHORIZATION FORM - AUTOMATIC DEPOSIT

Return this completed form along with a voided check via mail (or FAX 313.877.8347) to:

Michigan Basic Property Insurance Association Attention: Accounting Department-ACH 3245 E Jefferson Ave Detroit MI 48207-4222

The undersigned hereby authorizes Michigan Basic Property Insurance Association (the Company) to make deposits into my account identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the Michigan Automated Clearing House Association (MACHA).

(Only ONE account allowed for direct deposit)	

Checking	Account	Savings Account		
[
	(Financial Institution N	lame)		
(Addroso)		(64)	(Zip)	
(Address)	(City)	(St)	(Zip)	
Routing Number		٨	count Number	
	remain in full force and ef e Association has received	-		
(Agency)		(Agent ID No)		
(Authorized Signature)		(Print Indiv	idual Name)	
(Date)		(Daytime Phone Number)		
Email address) (Fax Number)			per)	

SUBMIT A VOIDED CHECK WITH THIS COMPLETED FORM

ACH Authorization Form Accounting 11/20/2006