

IBIS 105 *Advantage* Plan Employer ACH/DIRECT DEBIT Form

Return to: 105/125 Department
800.258.1415
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

Complete for each IBBP Billing Location

Bank Name	Billing/Routing Number
Address	Phone Number
Contact Name	Email Address
Contact Phone Number	Extension
Fax Number	

Effective Date	Bank Routing Number	Account Number
Month Day Year _____	9-digit number _____	_____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> G/L

I hereby authorize Iowa Bankers Insurance and Services, Inc. to debit the account listed above for the 105 reimbursement claims that we have instructed them to process and pay according to our plan. I hereby authorize Iowa Bankers Insurance and Services, Inc. to credit the account listed above for correction entries. I acknowledge this authorization is binding and may only be altered or cancelled upon written notification from the bank to Iowa Bankers Insurance and Services, Inc.

Authorized Signature _____

Date: _____



Revised on November 17, 2008

www.bankers-ins.com



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INSURANCE AND SERVICES, INC.