



EXCEPTIONAL
RISK ADVISORS

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ACH CREDIT PAYMENT AUTHORIZATION FORM

Payee Information

Name of Broker Firm		Name on Account	
Bank Name		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Broker's Address		City	State Zip
Bank Account Number		Bank Routing Number	

ACH CREDIT AUTHORIZATION

*I certify that I am an authorized owner of the above reference account and therefore authorize **Exceptional Risk Advisors, LLC** or their authorized transaction agent(s) to credit my bank account indicated above for commissions owed to the payee listed above*

Signature _____ Date _____

Print Name _____

Email address to send commission statements to _____