



Virginia Birth-Related Neurological Injury Compensation Program

Authorization Agreement For Automatic Payments (ACH Credits)

_____ hereby authorizes Virginia Birth-Related Neurological Injury Compensation Program, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. ACCOUNT NO. _____

TYPE OF ACCOUNT: (SELECT ONE) ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZED SIGNER ON ACCOUNT _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____

SIGNED _____ DATE _____

***** ATTACH A VOIDED CHECK AND MAIL TO: *****

Virginia Birth-Related Neurological Injury Compensation Program
7501 Boulders View Drive, Suite 600
Richmond, VA 23225

7501 Boulders View Drive, Suite 600
Richmond, VA 23225