

# RELIABLE PREMIUM MANAGEMENT AUTHORIZATION FOR PREMIUM REMITTAL



Securely submit your completed and signed form at [ReliablePremium.com/Authorization-Form/](https://ReliablePremium.com/Authorization-Form/). Alternatively, you may email the form to [RPMSetup@ReliablePremium.com](mailto:RPMSetup@ReliablePremium.com), although email communication may be less secure.

I, \_\_\_\_\_ certify that I am an authorized representative of the company listed below and that I have the authority to enter into this agreement on the Company's behalf. I authorize Reliable Premium Management, Inc (RPM) to calculate, collect, and remit my workers' compensation premiums. I authorize RPM to automatically deduct these payments to escrow and remit to my insurance carrier. I authorize my insurance carrier to share my policy documents and information with RPM for the purpose of this service.

Company Name \_\_\_\_\_ Carrier Name \_\_\_\_\_  
Company Contact Name \_\_\_\_\_ FEIN \_\_\_\_\_  
Address \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Email \_\_\_\_\_  
Language Preference      English      Spanish

## Authorized Company Contacts

I hereby authorize the following individual(s) to communicate with RPM regarding my payroll and workers' compensation matters. These individual(s) have the authority to discuss the classification of my employees and online access to payroll reports with my payroll vendor. I understand that the following individual(s) will be notified via email prior to any charges being withdrawn from my account.

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## Payroll Provider

I authorize RPM access to our payroll reports through our payroll provider listed below.

Name of Payroll Company \_\_\_\_\_ Payroll Client ID \_\_\_\_\_  
Payroll Frequency      Weekly      Bi-Weekly      Semi-Monthly

## Servicing Insurance Agent & Policy Information

Agency Name \_\_\_\_\_ Agent/Broker Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Policy Number (if available) \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Required fields highlighted in red.

For questions, please contact us at (888) 731-8703 or email us at [info@reliablepremium.com](mailto:info@reliablepremium.com).

# RPM AUTHORIZATION FOR PREMIUM REMITTAL



## Payment Authorization Agreement

\_\_\_\_\_ I understand that a one-time \$100 Initial Setup Charge will be automatically debited from my specified payment method on my first invoice. (Please Initial)

### Option 1: ACH Debit

\$12 weekly admin fee or \$16 bi-weekly/semi-monthly admin fee per pay period.

This Agreement governs ACH transactions initiated by Reliable Premium Management to debit or credit the Company indicated below. Both parties agree that this Agreement in conjunction with any of the designated methods constitutes authorization to debit Company's business bank account, and Company agrees not to dispute any debits with its bank provided the transaction(s) correspond to the terms indicated in this Agreement. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) Company understands that Reliable Premium Management may at its discretion attempt to process the charge again up to 3 times within 30 days, and agrees to an additional \$40 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. Company has certified that the business bank account below is enabled for ACH transactions, and agrees to reimburse Reliable Premium Management for all penalties and fees incurred as a result of Company's bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions.

Company Name on Account \_\_\_\_\_ Bank Name \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

### Option 2: Credit Card (4.25% Convenience Fee applies to credit card transaction)

\$12 weekly admin fee or \$16 bi-weekly/semi-monthly admin fee per pay period.

I authorize Reliable Premium Management to charge the credit card indicated on this form. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form. Please note that there may be instances where RPM will require payment via electronic funds transfer (ACH) and the option to pay by credit card will not be available.

Account Type	_____	_____	_____	_____	
	Visa	MasterCard	AMEX	Discover	
Cardholder Name	_____	_____	_____	_____	
Card Number	_____	_____	_____	_____	
Expiration Date	_____	_____	_____	_____	
CVC	_____	_____	_____	_____	
Billing Address	_____	_____	_____	_____	
Billing Address Line 2	_____	_____	_____	_____	
City	_____	State	_____	Zip	_____

I understand that being a part of the pay-as-you-owe program means that I will run payroll on a weekly, bi-weekly, or semimonthly basis. RPM may assess the monthly minimum premium as per your policy when or if no payroll is run for an entire month to ensure that your policy remains active and is not subject to cancel due to non-payment of premium. RPM is required to report to the insurance carrier whether payroll is posted or not, therefore, the admin fee will be assessed per pay period. RPM is not responsible for any balances due upon completion of a work comp audit by the insurance carrier.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

Required fields highlighted in red.

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