

Submitting the application

To securely send us your ACH application, you should only send it via mail, fax or encrypted email.

- Mail the completed application:

Encova Insurance
400 Quarrier St.
Charleston, WV 25301

- Fax the completed application to 304-941-1186.
- Use encrypted email, either by using your own email encryption solution or by contacting us at accounts.payable@encova.com and requesting an encrypted email that you can reply to. This will ensure your response is also encrypted.

DO NOT send your application via regular email. Encova is not responsible for stolen account information.

Account information

- Indicate if the application is to begin ACH or to make a Tax Identification Number change, a name or address change, or if you wish to withdraw from the program.
- You must submit a separate application for each Tax Identification Number.
- The Tax ID should be the company's FEIN or Social Security number of individual providing services.
- Enter the business name as it appears on the business license. Individuals should enter last name first.
- Enter the completed mailing address.

ACH debit

- Clearly print the bank account number the funds will be deposited to.
- Enter the bank routing number. (See sample check below.)
- Indicate whether the account is savings or checking.
- **PRINT** the name of the bank account.
- Include the signature of a person authorized to make withdrawals from this account. Unsigned applications will be returned.

Contact

- Indicate the name, address, telephone number and email address.

Depositor account information



Routing number
(9 digits)

Account number
(3-17 digits)

Check number

- | | |
|---|--|
| <input type="checkbox"/> New application | <input type="checkbox"/> Change taxpayer ID number |
| <input type="checkbox"/> Change name or address | <input type="checkbox"/> Change bank account number |
| <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Change bank transit or routing number |

ACCOUNT	Taxpayer ID:		
	Business name:		
	Address:		
	City:	State:	ZIP:

CONTACT	ACH contact:		
	Address:		
	City:	State:	ZIP:
	Telephone:	Email:	

ACH DEBIT	<input type="checkbox"/> I hereby authorize Encova Insurance, hereinafter called Encova, to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any entries in error into my bank account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit the same amount(s) owed by me to Encova. This authority is to remain in full force and effect until Encova has received written notification from me of its termination in such time and in such manner as to afford Encova and DEPOSITORY a reasonable opportunity to act on it.	
	<p style="color: #00A699;">A voided check for the bank account indicated above MUST accompany this application.</p>	

BANKING	Bank account name:		
	Bank account number:		
	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Transit routing number: <small>(see page 1)</small>		
Authorized signature:		Title:	Date: