



DIRECT DEPOSIT FOR COMMISSIONS

AGENCY NUMBER: _____

AGENCY NAME: _____

EMAIL: _____
*for notification of electronic funds transfer

I hereby request that authorized commission payments be delivered to me via electronic funds transfer (EFT) for the agency indicated above. This means upon verification; American Interstate Insurance Co. will direct all commission payments to the account listed below. I have attached adequate documentation from my financial institution to assist American Interstate in verifying the provided account information below. **(voided check/bank statement).**

NAME, ADDRESS, AND PHONE NUMBER OF BANK OR OTHER FINANCIAL INSTITUTION

ROUTING NUMBER OF BANK OR OTHER FINANCIAL INSTITUTION

***Please verify with your bank that this is the correct number for electronic transactions; this may be different than the number on your check.**

ACCOUNT NUMBER

NAME AS LISTED ON THE ACCOUNT

Signature of Agency Officer: _____ Date: _____

Printed Name of Agency Officer Signing Above: _____

Please return the Direct Deposit for Commissions form by scanning and emailing to licensing@amerisafe.com or by fax at 337.460.3550.

Updated on 4.14.2022