



## 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 [aiic-mktg@amerisafe.com](mailto:aiic-mktg@amerisafe.com) or by fax at 800.450.1091.**

Updated on 11.15.2018