



# Agency Commission Change Form

## Electronic Funds Transfer (EFT) Authorization for Direct Deposit of Agency Commission

Action:  Enroll  Change

Type of Account:  Checking  Savings  Other

Name as it Appears on Bank Account \_\_\_\_\_

Name of Banking or Financial Institution \_\_\_\_\_

ABA or Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

City / State / Zip of Banking or Financial Institution \_\_\_\_\_

Phone for Banking or Financial Institution (\_\_\_\_\_) \_\_\_\_\_

How would you like to be notified when a deposit is processed?  Email  Mail

Email Address (if different from the Primary Contact email address on the first page)

\_\_\_\_\_

### IMPORTANT:

Enclose a voided check, deposit slip or other bank document with this completed form.

**Your request cannot be processed without this information.**

### Authorized Agreement for Direct Deposit via Electronic Funds Transfer (EFT)

By signing below, I hereby authorize Kentucky Employers' Mutual Insurance (KEMI) to automatically initiate credit entries to my account at the financial institution named above. I further authorize the financial institution to accept these credit entries and post them to my account. I understand that if corrections in the credit amount are necessary it may involve adjustments (credit or debit) to my account, and I hereby authorize such corrections. I understand that both the financial institution and KEMI reserve the right to terminate my participation in this direct deposit program. I also understand that I may discontinue enrollment at any time with written notice to KEMI, after allowing KEMI and the financial institution a reasonable amount of time to act upon my notification.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this completed form to [agencysetup@kemi.com](mailto:agencysetup@kemi.com).

You may also mail the form to P.O. Box 12500

ATTN: KEMI Finance Dept., Lexington, KY 40583-2500.

*It is the responsibility of the agency to notify KEMI of any changes relating to the information on this form.*