



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 _____

Federal Employer Identification Number (FEIN) _____

Agency Code _____

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 (_____) _____

IMPORTANT:

Please include the following items with this completed form:

☐ Voided check, deposit slip or other bank document that includes the routing number and saving or checking account numbers

☐ I acknowledge that my 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.

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.