



Kentucky Employers' Mutual Insurance

Agent Commission Direct Deposit

Follow these steps:

1. Fill out all fields and sign form.
2. Attach a voided check, deposit slip or bank document.
3. Send form to: Kentucky Employers' Mutual Insurance
250 W. Main Street Suite 900
Lexington, KY 40507-1724

Fax: (859) 425-7809
E-mail: finance@kemi.com

Agency Name: _____

Agency Number: _____ Agency Phone Number: _____

Action: Enroll Change

Please Indicate 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: _____

Phone Number of Banking or Financial Institution: _____

City/State/Zip of Banking or Financial Institution: _____

Notification Method: E-mail Mail E-mail Address: _____

Always enclose voided check, deposit slip or other bank document. Your request cannot be processed without this information.

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

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: _____