KEMI
Making workers' comp work

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 (_____)_____

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.
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.