



*Products (check all that apply):*

Foremost Auto

Foremost Specialty Lines  
(including Home where applicable)

*Type of Action (check one):*

Enroll

Change Bank Account

Terminate

## Direct Deposit of Agent/Broker Commission Agreement Form

This form is for those agents who want their commissions directly deposited into their accounts on the third business day of each month. It can also be used if there is a change of banks or a different account that you would like to switch over to. **This form CANNOT be used for customers who would like to have their insurance premiums deducted from their checking accounts.** Please go to <https://www.iaproducers.com> for Foremost Auto policyholder payments and to <http://www.foremost.com/payonline> for Foremost Specialty Lines (including Home where applicable) policyholder payments. **Please note that this form is used FOR DEPOSIT ONLY.**

I hereby authorize Foremost Insurance Company Grand Rapids, Michigan, Bristol West Insurance Services of Florida, Inc. and their subsidiaries and affiliates ("Company") to electronically make deposits to the account named on this form in the financial institution indicated below. I hereby authorize the Depository Financial Institution indicated below to accept and post these transactions to my account. I understand that my name must be on the account into which I am depositing funds. It is agreed that these deposits and adjustments may be made electronically and under the Rules and Regulations of the National Automated Clearing House Association.

*This authorization will remain in effect until I provide written notification to the Company of its termination in such time and in such manner as to afford the Company and the Financial Institution reasonable time to act on it. In the event that my Financial Institution or account number changes, I acknowledge that five (5) business days advanced notice must be given to the Company before the changes take affect.*

\_\_\_\_\_  
(Print Name of Authorized Party)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature of Authorized Producer/Bank Account Personnel)

\_\_\_\_\_  
(Date)

Agency/Brokerage Name \_\_\_\_\_

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Foremost Auto Producer Codes - 7 digits - **REQUIRED**  
Please list all that apply

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Foremost Specialty Lines (including Home where applicable)  
Producer Code - 9 digits - **REQUIRED**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax # \_\_\_\_\_

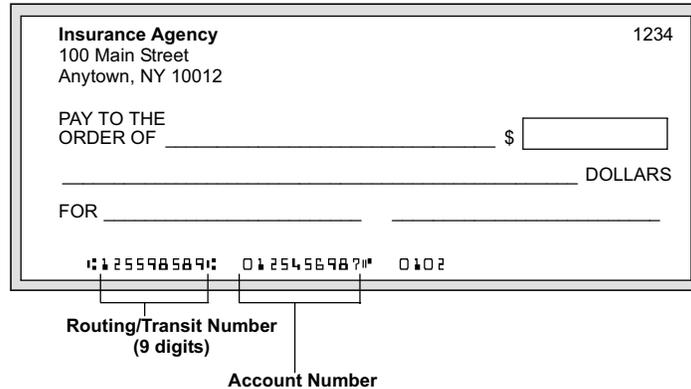
Email Address \_\_\_\_\_

(An automated email notification will be sent monthly when Foremost Auto statements are available for review on IAProducers.com. To view Foremost Specialty Lines (including Home where applicable) statements, go to ForemostSTAR > Get Policy Documents/EDR > Commission Statement.)

Complete the Financial Institution Information on the other side of this form.

## Directions for completing the Direct Deposit of Commission Form

1. Check the FOREMOST AUTO and/or FOREMOST SPECIALTY LINES (including Home where applicable) box in the "Products" area at the top of page one.
2. Check the ENROLL, CHANGE BANK ACCOUNT, or TERMINATE box in the "Type of Action" area at the top of page one.
3. Complete the agent/broker information on page one. You must both print and sign your name.
4. Be sure to include your billing Agent/Broker Code number(s).
5. Contact your bank/credit union for the 9-digit Routing/Transit Number.
6. Complete the Financial Institution information below.
7. Attach a voided check from the agent's/broker's checking account listed. **No starter checks, please.** The check must include a bank name, city, state, and zip, and account number.



### Agency / Brokerage Financial Institution

Name of Bank Account Holder \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank City, State, Zip      City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9-Digit Routing/Transit Number 

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Bank Account Number \_\_\_\_\_

## Attach Voided Check Here

### After completing the Direct Deposit of Agent Commission Agreement Form

Fax or mail your completed Direct Deposit of Agent Commission Agreement Form and preprinted voided check directly to Foremost Agency Services for immediate attention.

**Fax to: 1-616-956-4369**

**or**

**Mail to: Foremost Agency Services – L.C. 2100**

**Foremost Insurance Company**

**PO Box 2450**

**Grand Rapids, MI 49501-2450**

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