



ELECTRONIC DEPOSIT OF COMMISSION PAYMENTS AGREEMENT

To authorize **Agents Service Corporation** to pay any applicable insurance commissions due, please complete this form in its entirety and then submit. Please complete the information below to facilitate processing and let us know if you have any questions. Thank you.

My account information is as follows:

Agency Name: _____

Account Name (as it Appears on Statement):

Bank Name: _____

Bank Account Type: ___ Checking ___ Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

I/We authorize **Agents Service Corporation** to pay any applicable Insurance Commissions due to this agency via electronic deposit to the bank account indicated above. I, the undersigned, am an authorized representative of the named agency shown above. I agree to indemnify the Company for any and all costs and expenses related to any inaccuracy, error or misrepresentation related to this request or to any information contained in this form.

Please submit to:

Agents Service Corporation
8354 Northfield Blvd, Suite 2710
Denver, CO 80238
Fax: (303) 512-0575

Email: accounting@piiac.com

Print Name: _____

Signature: _____

Date: _____

Receiving Commission Statements

Pinnacol Statements can be sent directly to your AMS. Please complete Commission Download Application available on the Pinnacol page on the PIIAC website or request the form from submissions@piiac.com. As an alternative, commission statements can be emailed.

All other commission statements for markets accessed through ASC/PIIAC will be emailed.

Preferred Email(s): _____