



Attn: Commissions Department
 P.O. Box 535061, Suite PAPHM-063G
 Pittsburgh, PA 15253-5061
 Tel: 800-251-7453 | Fax: 412-544-1160
 Email: commissions@hmg.com

Commission Direct Deposit Authorization Form

INSTRUCTIONS

Complete this form to enroll in or change banking information for HM Insurance Group's Direct Deposit option. After signing and dating this form, please return it to the Commissions Department at either the address or email address listed above.

ACTION REQUESTED

- BEGIN direct deposit of commission earnings
- UPDATE information in regard to direct deposit of commissions
- CANCEL direct deposit of commission earnings

PRODUCER/AGENCY INFORMATION

Producer Name	Agency Name
Producer Number	
Email Address	Telephone Number

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name	Routing/Transit Number
Type of Account (select one)	
<input type="checkbox"/> Checking	Account Number: _____
<input type="checkbox"/> Savings	Account Number: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the direct deposit of my commission payment to the account and financial institution indicated above. Such direct deposit may be made for each commission's pay date unless I chose to terminate this agreement. Any such notification to HM Insurance Group must be in writing and shall become effective upon receipt, after a reasonable opportunity to act on it.

 Producer or Agency Officer's Signature

 Title

 Printed Name

 Date