



COMMISSION DIRECT DEPOSIT

CLEARPATH MUTUAL INSURANCE COMPANY AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM FOR COMMISSION PAYMENTS

Fax #: 502.894.0066
Email: accounting@clearpathmutual.com

Fax or email the form to:

Fax #: 502.894.0066
Email: accounting@clearpathmutual.com

If you have any questions contact
ClearPath Mutual's Accounting
Department at 502.894.8484.

AGENCY-BRANCH #: _____

AGENCY NAME: _____

BANK ACCOUNT#: _____ BANK ROUTING#: _____

TYPE OF BANK ACCOUNT: CHECKING SAVINGS

BANK NAME: _____

NAME

CITY

STATE

I hereby authorize ClearPath Mutual Insurance Company to initiate a pre-authorized ACH credit transfer on behalf of my agency for commission payments to the bank designated above. I acknowledge that authorization will remain in force until written notice of termination is received by ClearPath Mutual.

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____ PHONE #: _____

EMAIL ADDRESS: _____

(Confirmation of payment and a detailed commission statement will be emailed to this address.)

Note: ClearPath Mutual agrees to be bound by the Rules of the National Automated Clearing House Association (NACHA).



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