



DIRECT DEPOSIT FORM

THANK YOU for becoming a partner of MidAtlantic Insurance Group, LLC. We pay all commissions using direct deposit so we need you to complete this form, attach a voided check, and email it to Annette Williams (awilliams@midatlanticins.com). We look forward to working with you. If any questions, please contact Ms. Williams.

As a reminder, we are unable to process your submission until the following information is remitted along with your direct deposit information to Ms. Williams.

- Copy of Producer’s License
- Signed Producer Agreement
- Completed & Signed W-9
- Copy of Errors & Omissions Declaration Page (Minimum \$1,000,000 Limit)
- Agency Contact Form
- New Agency Survey

Agency Name _____

Contact Name _____

Phone _____

Email Address _____

I am authorized to approve electronic compensation for the above named agency.

AGENCY PRINCIPAL NAME TITLE

AGENCY PRINCIPAL SIGNATURE DATE

ATTACH VOIDED CHECK