



## Direct Deposit Authorization

I hereby authorize Kanawha Insurance Company (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agent Name (please print)

\_\_\_\_\_  
Account/Agency Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

### Account Information:

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Please attach a voided check to ensure proper routing and account numbers. Sorry, we cannot accept deposit slips for this authorization.

Mail this completed form and voided check to:

Kanawha Insurance Company  
ATTN: Commission Acctg - Dept 72  
PO Box 7200  
Lancaster, SC 29721-7200

**Checking Accounts  
Only**