

MISSOURI PROPERTY INSURANCE PLACEMENT FACILITY

11116 S TOWNE SQUARE SUITE 303 ST. LOUIS, MO. 63123 Telephone: (314) 421 - 0170 Fax: (314) 421 - 2575

Commission Direct Deposit Authorization Form

New Enrollment		Change in Account In	formation	
	Agent Ir	nformation		
Agent/Agency Name:				
Agent #:	Email Address:			
Street Address:	<u>I</u>			
City, State, and Zip:				
Telephone #:		Tax ID #:		
	Financial Instit	ution Information		
Name of Financial Institution:				
Name on Account:				
Type of Account:	Checking		Savings	
Routing Number:		Account Number:		
By signing this form, I am authorize electronically deposit commission entries in error, to the financial in funds transferred to the account responsibility to contact Missouri changes may result in a delay in the incurred. I certify that I am entitled to the contact of the	ns by initiating credit er istitution indicated on t indicated on this form a FAIR Plan with any fina he following deposit. N	ntries (deposits), as we this form. I understand are available for disbur ancial institution/accou Missouri FAIR Plan is no	Il as adjustments for dit is my responsibusement. I also agrount changes immed ot responsible for a	or any credit ility to verify that ee it is my liately. Any ny bank fees
terms and conditions on this form	1.			
Signature			Date	

Please return completed form and a voided check (or voided deposit slip for savings accounts only):

By mail: 11116 S Towne Square - Suite 303 By email: accounting@mpipf.com

St. Louis, MO 63123

By fax: (314) 421 - 2575