

**Utica First Insurance
EFT Authorization Form**

Agency Commission Payment

Please complete requested information, attach a voided check, and have an authorized individual sign at the bottom.

Agency Name and Code # (list all codes for which this account information is applicable)

Bank Routing # _____

Account # _____

Bank Name

Agency Contact Name

Agency Contact Telephone #

By completing this form, providing a voided check and signing below, you are authorizing Utica First Insurance Company to initiate monthly deposits to the bank account identified on the enclosed check to pay your monthly agent commissions.

Signature: _____

Date: _____

Return to: Utica First Insurance Company
 Accounting Department
 P.O. Box 851
 Utica, NY 13503-0851