

## NOTICE

- **This form is required and must be attached to your submission.**
- **Electronic Fund Transfer (EFT) is the preferred method of payment for AmTrust.**  
*If selecting EFT, a copy of a voided check, bank letter, or top portion of bank statement must also be included for account verification*
- **Check is *not* a preferred payment method, and may not be available for all AmTrust entities.**  
*If selecting Check, payment will be subject to delays, but will not exceed any prior agreed upon terms*

### Section I. General information

|                            |  |                         |  |
|----------------------------|--|-------------------------|--|
| <b>Legal Business Name</b> |  | <b>Company Tax ID #</b> |  |
|----------------------------|--|-------------------------|--|

### Section II. Payment method (must select one)

**Electronic Fund Transfer / ACH (Preferred)**  
*Input bank information in Section III*

**Check**  
*Input remittance address for verification and skip to Section V*

**ADDRESS**

### Section III. Bank information

|                                       |  |                     |  |
|---------------------------------------|--|---------------------|--|
| <b>Bank name</b>                      |  | <b>Bank country</b> |  |
| <b>Bank address</b>                   |  |                     |  |
| <b>Bank telephone number</b>          |  |                     |  |
| <b>Bank account no.</b>               |  |                     |  |
| <b>Bank routing no. (U.S./Canada)</b> |  |                     |  |
| <b>IBAN (non-U.S./Canada)</b>         |  |                     |  |

### Section IV. International bank information (non-IBAN)

- *For banks in the U.S./Canada or with an authorized IBAN, skip to section V*
- *For banks outside of the U.S. / Canada that do not use the IBAN system this section must be completed*

|  |  |                         |  |
|--|--|-------------------------|--|
| <b>Bank code</b>                                 |  | <b>SWIFT / BIC code</b> |  |
| <b>Branch name</b>                               |  | <b>Branch number</b>    |  |
| <b>Other bank identifier (CLABE, IFSC, etc.)</b> |  |                         |  |

### Section V. Authorization

*I certify the above information is true and correct, and that as an authorized representative for the Supplier I hereby authorize AmTrust to electronically deposit payments on the designated bank account provided herein. Banking information will remain in effect on the Supplier's account until a notification is received from the Supplier to change/or terminate the Banking Information.*

|  |  |                  |  |
|--|--|------------------|--|
| <b>Name of authorized representative</b> |  | <b>Job Title</b> |  |
| <b>Date Completed</b>                    |  |                  |  |