

AmTrust U.S. Vendor ACH Enrollment Form

Required Documents:

- ✓ W9 – Signed & Dated
- ✓ Bank Verification Document (BVD)
- ✓ Completed ACH Enrollment Form

Section I – Company Information

Company Name: _____

Alternate Company Name (if any): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Vendor Contact Name: _____ Vendor Contact Email: _____

Vendor Contact Phone: _____ Federal Tax ID (ATTACH W9): _____

Email for Aggregate Payment Detail Receipts: _____

Section II - AmTrust Business Contact/Service Information

Who is your AmTrust business contact? _____

Please describe the product/services you are providing:

Section III – Financial Institution Information - Required

For Automated Clearing House (ACH) Payments, Vendors must submit a Bank Verification Document (BVD) for each account along with this form to receive payment. Acceptable BVDs include voided check, bank letter, or top portion of a bank statement.

Primary Account Information (Please indicate) ___ New account ___ Updated account

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Postal Code: _____

Bank Phone: _____ Bank Account Type (*checking or savings*): _____

Bank Account Number: _____

Nine Digit Routing Number: ___ ___ ___ ___ ___ ___ ___ ___

(The fields below refer to your company's info on file with the bank, which may differ from above, and must match what is on bank statement/on file with your bank to prevent payment delays)

Remittance Bank Account Ownership Name: _____

General Correspondence Email: _____ Phone: _____

Section IV – Authorization – SIGNATURE REQUIRED

I (we) certify the above information is true and correct for the above-named company. I (we) hereby authorize AmTrust to electronically deposit payments to the designated bank account(s). I (we) agree that ACH transactions that I (we) authorize comply with all applicable law. I (we) understand that this authorization will remain in full force and effect until I (we) notify AmTrust in writing that I (we) wish to revoke or change this authorization.

I (we) understand any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

I (we) understand that any deposit(s) to my account constitutes my affirmation that I am legally entitled to receive such payment and a false presentation is punishable under federal and state laws.

Authorized Signature: _____

Print Name and Title: _____

Date: _____

Please return the completed ACH form, BVD, and W-9 to ClaimsACH@amtrustgroup.com

Instructions for Completing AmTrust ACH Enrollment Form

Make three copies of form after completing. Copy 1 is the AmTrust North America Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, Federal Tax ID number, and contact person name and telephone number of the payee/company.

2. Financial Institution Information Section - Financial institution print or type the name and address of the payee/company's financial institution who will receive the ACH payment, bank account type, account number, and nine-digit routing transit number. Also, the bank account ownership name and email and phone contact for general correspondence.