

Stop Loss Automated Clearing House (ACH) Commission Payment Authorization

Berkley Life and Health Insurance Company/StarNet Insurance Company

Use this form to set up or make changes to Automated Clearing House (ACH) commission payments.							
Check all that apply: Setup ACH Cancel ACH Change bank				Change account number		Today's Date:	
Section 1 – Broker or Third Party Administrator (TPA) Information							
Please indicate the Primary Contact for commission payment inquiries							
Broker or TPA Name:							
Address:							
City:			S	State: Zip:			
Primary Contact Name:				Contact Phone:			
Contact Email: Email Address to (if different than				to receive Commission Expense Statements Contact Email):			
Section 2 – Bank Information							
Bank Name:				IMPORTANT: You must attach either: (1) a voided check or (2) a bank verification letter showing the same information.			
Address:						1001 	
City:	State:	Zip:		PAY TO THE ORDER OF	OH	\$ DOLLARS	
Bank Routing Number (9 digits):				MEMO			
Bank Account Number:							
Section 3 – Authorized Signature							
We will call you to verbally confirm your banking information, as an added layer of protection against fraud. If the person we should call to confirm banking information is different than the Primary Contact listed in Section 1, please provide their information below. NOTE: This person should hold a financial role in your company and be familiar with your bank accounts for verification purposes.							
Contact for Bank Verification - Name:				Phone:	Ema	ail:	
I hereby authorize Berkley Life and Health Insurance Company/StarNet Insurance Company to make all commission payments due by ACH. This authorization will be effective until further written notice from the Broker or TPA is received by Berkley Life and Health Insurance Company/StarNet Insurance Company. To correct any overpayments, I hereby authorize the reversal of any amounts deposited in error.							
Signature of Authorized Representative of the Broker or TPA				Date			
Χ							
Print Name:				Title:			
Email this completed form AND your bank verification letter or voided check to: BAH-Commission@BerkleyAH.com. Please allow processing time for set up before ACH commission payments can begin. Remember, we cannot process your request without a voided check or bank verification letter. If you have any questions, please call your Account Manager.							
Completed By (Name):		Emai	Email:				