



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION
FOR AGENT/BROKER SWEEP ACCOUNT ONLY**

Type of Action:	<input type="checkbox"/> Enroll <small>(New EFT Enrollment)</small>	<input type="checkbox"/> Change Bank Account	<input type="checkbox"/> Terminate																
Product(s) this applies to: <small>(Please provide Producer Code number(s) if known / applicable)</small>	<input type="checkbox"/> Auto	<input type="checkbox"/> Specialty Lines																	
	Foremost Auto Producer Code	Foremost Specialty Lines Producer Code																	
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I _____ as _____ of _____
Name Title
 _____ (“Agency/Brokerage”) certify that I have authority to bind the
Agency/Brokerage Name
 Agency/Brokerage contractually.

I authorize Foremost Insurance Company Grand Rapids, Michigan, Bristol West Insurance Services of Florida, Inc. and their affiliates and subsidiaries (“Company”) to present Electronic Funds Transfer (EFT) items against the Agent’s/Broker’s account indicated below at the depository named below for payment of settlements due by the Agent/Broker to the Company, or by the Company to the Agent/Broker for the amounts submitted and to the corresponding policies designated by Agency’s/Broker’s authorized users.

I also authorize the financial institution where this account is held to honor the withdrawals. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules and Regulations of the National Automated Clearing House Association.

I acknowledge it is the Agency’s/Brokerage’s responsibility to have sufficient funds in this account to cover each withdrawal. *If any EFT withdrawals are declined for any reason, I understand the Agency/Brokerage will be charged for the amount of the declined withdrawals and associated return fees. The charges will be reflected on the Agency’s/Brokerage’s commission statement.*

I have also read and agree, on behalf of the Agency/Brokerage, to the Foremost Agency/Brokerage Sweep EFT Terms and Conditions.

This authorization for EFT does not affect the Agent’s/Broker’s primary obligation for payment to the Company. This authorization shall remain in full force and effect until Company is notified, in writing, that the authority granted herein has been revoked or amended by the Agent/Broker. The Agent/Broker acknowledges that it is using this authorization for EFT in full compliance with applicable laws and regulations regarding Agent’s/Broker’s obligation to maintain fiduciary accounts. The Agent/Broker will indemnify and hold Company harmless for any and all claims arising from alleged or actual violation of any law or regulation regarding fiduciary accounts arising from the use of this EFT authorization.

(Print Name of Authorized Party) _____
(Title)

(Signature of Authorized Producer/Bank Account Personnel) _____
(Date)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax # _____

Email Address _____

NAME OF CONTACT PERSON IF DIFFERENT FROM AUTHORIZED PARTY	CONTACT’S USER ID
CONTACT’S PHONE NUMBER	CONTACT’S E-MAIL ADDRESS

Directions for completing the Electronic Funds Transfer Agent/Broker Account Sweep Form

Note: all items must be completed for request to be processed.

1. Complete the information on page one. You must both print and sign your name.
2. Contact your bank/credit union for the 9-digit Routing/Transit number.
3. Complete the Financial Institution information below.
4. **Attach a voided check from the agent's/broker's checking account listed.** The check must include a bank name, city, state, zip code, and account number.
5. Complete the producer code information on page 3 (if necessary).
6. Read the Terms and Conditions on page 4.

Banking Information

Note: We can only accept checking accounts for direct debiting of payments.

Name of Bank Account Holder _____

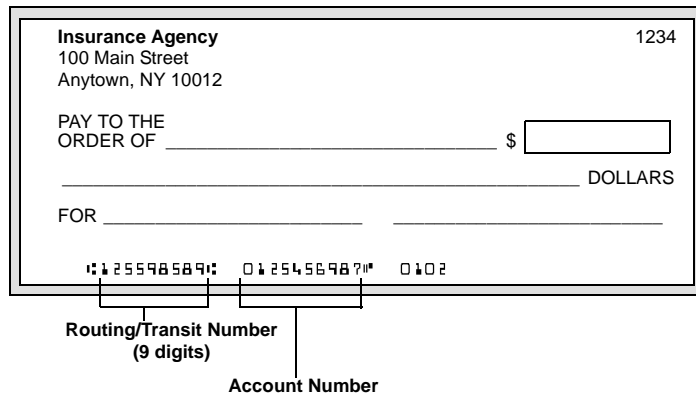
Bank Name _____

Bank City, State, Zip City _____ State _____ Zip _____

9-Digit Routing/Transit Number

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Bank Account Number _____



Attach Voided Check Here

Fax Form to 616-956-4369. If this is a part of a New Setup packet, return to your Marketing Rep.

Note: If you have additional producer codes, please complete and return page 3 as well.

ALL INFORMATION MUST BE COMPLETED FOR AUTHORIZATION.

List the names for all employees in your Agency/Brokerage that you authorize to make Sweep payments from the Agency's/Brokerage's designated checking account. If you need more space, send an additional sheet with the names.

Check here to authorize **ALL** User IDs under your producer code to make sweep payments from the Agency's/Brokerage's designated bank account. (No need to fill out names.)

USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
USER NAME	USER ID	<input type="checkbox"/> Add <input type="checkbox"/> Delete
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Electronic Funds Transfer (EFT) Terms and Conditions

Definitions: "We", "Us", and "Our" mean the insurance company authorized to make EFT withdrawals for insurance policyholder payments. "You," "your", "yours", "Agency", and "Brokerage" mean the insurance agency or brokerage authorizing the EFT withdrawals for its policyholders' insurance payments.

Service Provider: You authorize us to use a third party to make the authorized EFT withdrawals.

Application of Payments:

1. Funds withdrawn will be applied only to the designated policy number.
2. Funds withdrawn will first be applied to any outstanding premium balance in the current policy term. Any excess funds will then be applied to the renewal term if a bill has been issued for the renewal term.
3. "Business day" means Monday through Friday excluding our company holidays.
4. You agree to have the funds in the designated account effective upon on the date of upload, whether or not the date falls on a business day.

Non Sufficient Funds: EFT withdrawals that are refused due to non-sufficient-funds (NSF) may be resubmitted at our discretion. If an EFT withdrawal is declined for any reason, the Agency/Brokerage will be charged for the amount of the declined withdrawal and charges will be reflected on the Agency's/Broker's commission statement. Non-sufficient-funds return fees may also be assessed depending on the reason for return.

Exclusions of Warranties and Limitation of Liabilities: THE ELECTRONIC FUNDS TRANSFER SERVICE AND RELATED DOCUMENTATION ARE PROVIDED ON AN "AS IS" BASIS WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. In addition, Foremost does not warrant, guarantee or make any representations regarding the security of accounts, or that this site is free from destructive materials, including but not limited to computer viruses, hackers, or other technical sabotage, nor does it warrant, guarantee or make any representations that access to this site will be fully accessible at all times, uninterrupted, or error-free. IN NO EVENT WILL FOREMOST BE LIABLE FOR ANY DAMAGES, INCLUDING WITHOUT LIMITATION DIRECT OR INDIRECT, SPECIAL, INCIDENTAL, COMPENSATORY, EXEMPLARY OR CONSEQUENTIAL DAMAGES, LOSSES OR EXPENSES, INCLUDING WITHOUT LIMITATION LOST OR MISDIRECTED APPLICATIONS, LOST PROFITS, LOST GOODWILL, OR LOST OR STOLEN PROGRAMS OR OTHER DATA, HOWEVER CAUSED AND UNDER ANY THEORY OF LIABILITY ARISING OUT OF OR IN CONNECTION WITH (1) USE OF THIS SITE, OR THE INABILITY TO USE THIS SITE BY ANY PARTY; OR (2) ANY FAILURE OR PERFORMANCE, ERROR, OMISSION, INTERRUPTION, DEFECT, DELAY IN OPERATION OR TRANSMISSION; OR (3) LINE OR SYSTEM FAILURE OR THE INTRODUCTION OF A COMPUTER VIRUS, OR OTHER TECHNICAL SABOTAGE, EVEN IF FOREMOST, ITS EMPLOYEES OR REPRESENTATIVES THEREOF, ARE ADVISED OF THE POSSIBILITY OR LIKELIHOOD OF SUCH DAMAGES, LOSSES OR EXPENSES.

System Requirements/Equipment: We use encryption to make your information unreadable as it passes over the Internet. Therefore, we strongly recommend that you use the latest version of your browser software for maximum security.

Storage of Information: Information stored on Agency/Brokerage Sweep is kept under physical, electronic or procedural controls that comply with or exceed government standards. We authorize our employees to get information about you only when they need it to do their work for us. We require companies working for us to protect information. They agree to use it only to provide services we ask them to perform for us.

Changing or Stopping a Single EFT Withdrawal: If you need to change or stop an EFT withdrawal you submitted in error, for Foremost Auto call us at 1-888-888-0080 and then follow prompts. For Foremost Specialty Lines products (including Home where applicable), call us at 1-800-532-4221.

To Change Agency/Brokerage Information: Complete pages 1 and 2 of the enrollment and authorization form and fax it to us at 1-616-956-4369.

Note: Please allow up to 3 days for processing of your request. If changing bank account information, withdrawals submitted within one week after your request may still be taken from Agency's/Brokerage's previously designated checking account.

To Contact Us: For Foremost Auto questions, please call 1-888-888-0080 and then follow prompts. For Foremost Specialty Lines (including Home where applicable), please call 1-800-532-4221.

Security: You agree not to allow any unauthorized individuals to use Agency Sweep. You are responsible for all payments authorized using Agency Sweep.

Maintaining Accurate Information: It is your responsibility to ensure that your Agency/Brokerage checking and account information is current and accurate. We are not responsible for any payment processing errors or fees incurred if you do not provide accurate account information.

Amendments to Terms and Conditions: We reserve the right to change these Terms and Conditions in whole or in part, at any time, with or without notice.

Non-waiver: Any failure by us to act upon any breach of this Agreement shall not be deemed to constitute a waiver of any subsequent breach of that or any other term or condition, or of any right to thereafter enforce the Agreement.