



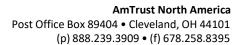
AmTrust U.S. Vendor ACH Enrollment Form

Required Documents:

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

Section I - Company Inforr	nation						
Company Name:			_				
			-				
Address:							
		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 Busin	ess Contact/Serv	vice Information					
Who is your AmTrust busine	ss contact?						
Please describe the product/	services you are	providing:					
Section III – Financial Instit		on - Required ents, Vendors must submit a Bank Verification Document (BVI	D) for each account				
_		eptable BVDs include voided check, bank letter, or top portion	,				
Primary Account Information	(Please indicate))New accountUpdated account					
Bank Name:							
		Postal Code:					
Bank Phone:	Ban	nk Account Type (<i>checking or savings</i>):					
Bank Account Number:							
Nine Digit Routing Number:							
,	, ,	o on file with the bank, which may differ from above, and must	match what is on				
bank statement/on file with y	our bank to preve	ent payment delays)					
Remittance Bank Account O	wnership 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.