

Agency Name:

Address:

Dear Member and/or Broker,

Thank you for your continued support of MAIA and Number One Insurance Agency. You are receiving this form because we believe your agency may have had some recent changes. To ensure your information is properly updated for your MAIA Membership and business with Number One Insurance, please complete the below information with all pertinent changes.

The above agency has (check all that apply and provide changes):

Agency Name/Ownership/Branch Consolidation

- ☐ A name change to: _____
(please provide copy of new agency producer license showing new name)
- ☐ An ownership change, the New Owner is: _____
- ☐ Closed, move all active business to: _____

Address/Phone Changes

- ☐ New Mailing Address: _____
- ☐ New Location Address: _____
- ☐ New Phone Number: _____
- ☐ New Fax Number: _____

Agency FEIN: _____

Agency Contact Name: _____

Agency Contact Email: _____

Please return this form with the following items:

- A copy of your Agency's Producer License
- Proof of E&O coverage
- W-9
- If applicable, an updated Direct Deposit Authorization Form (below) for commissions from Number One.

Return all to Lori Kane via email to lkane@massagent.com or by fax to (508) 634-2930.

If you have any questions, please contact Lori Kane at (508) 634-7385.

We appreciate your prompt response. Thank you!



AUTHORIZATION FOR AUTOMATIC (DIRECT) DEPOSIT

I authorize the NUMBER ONE INSURANCE AGENCY, INC. to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my account at the DEPOSITORY (identified below), for the purpose of automatically depositing funds to my account. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

Authorization for (Select One): ☐ Broker ☐ Insured ☐ Vendor

NAME: _____

ADDRESS: _____

PHONE: _____

CONTACT NAME: _____

CONTACT EMAIL: _____

[For Commission Statement & Deposit Confirmation emails]

☐ New Authorization ☐ Change to Previous ☐ Termination

DEPOSITORY (Bank) NAME: _____

CITY: _____ STATE: _____ ZIP: _____

DEPOSITORY PHONE: _____

ROUTING NUMBER: _____ (Please attach voided check)

ACCOUNT NUMBER: _____ ☐ Checking ☐ Savings ☐ Other: _____

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the NUMBER ONE INSURANCE AGENCY has received written notification from me of its termination in such time and in such manner as to afford the NUMBER ONE INSURANCE AGENCY a reasonable opportunity to act on it.

NAME (Print or Type): _____

(Signature)

(Date)

Return all to Lori Kane via email to lkane@massagent.com or by fax to (508) 634-2930.
If you have any questions, please contact Lori Kane at (508) 634-7385.
We appreciate your prompt response. Thank you!