



## AGENCY SWEEP/EFT PROGRAM

The Michigan Insurance Agency Sweep/EFT Program facilitates direct deposit of your monthly Direct Bill Commissions to your account and automated payments to Michigan Insurance for the Direct Bill Policy Payments you collect from policyholders.

### Here's how the Michigan Insurance Agency Sweep/EFT Program works:

You enroll in the program by completing an Agency Sweep/EFT Authorization Form, which provides your bank account information and your authorization for Michigan Insurance to transfer funds to/from your account. If you prefer to utilize separate bank accounts for Direct Bill Commission transfers and/or Direct Bill Policy Payment transfers, please complete a separate authorization form for each type of EFT transaction and select the appropriate box in the **Agency Information** area of the form. If you prefer to use the same bank account for multiple types of transactions, simply check the appropriate boxes on the authorization form.

1. We pay **Direct Bill Commissions** by EFT only. We will deposit funds directly into the checking account you specify on the seventh day of each month (or next business day if the seventh day falls on a weekend or holiday). If your direct bill commission statement shows a credit balance, please remit payment by check for the return commission. No funds will be deducted from your bank account for return commissions.
2. The Agency EFT Program streamlines the process of remitting **Direct Bill Policy Payments** you collect from policyholders. When you accept a premium payment in your office, simply access our website at [www.michiganinsurance.com](http://www.michiganinsurance.com) and follow these steps: click on **Agency Services** to log in, click on **Make a Payment** to enter the applicable policy or billing account, click **Agency Sweep** to authorize the EFT transfer and apply the payment against the policy or billing account. We will credit the payment amount to the policy or billing account you enter at the close of business on the entry date. We will withdraw the payment amount from your checking account no fewer than three business days after the entry date. Please note that we will transfer an aggregated amount, which will include all payments you authorized since the previous EFT transfer. You can view an itemized list of all EFT Direct Bill Policy Payments withdrawn at any time by selecting **View EFT History** under the **Reports** menu in **Agency Services**. We retain this transaction history for one year.

If a customer check is returned to you for insufficient funds, you can reverse the EFT payment within 60 days by utilizing **View EFT History** to locate and reverse the payment. We will credit your checking account for the amount of the returned check upon your reversal of the payment. If you incur a service charge from your bank for a returned customer check, you may request a refund of the service charge. Simply mail (or fax to 800-874-5275) a copy of the bank insufficient funds (NSF) notice and include the policy or account number, insured name and original transaction amount with your refund request. Upon receipt, we will send a check to reimburse you for the service fees you incurred.



## AGENCY SWEEP/EFT AUTHORIZATION FORM

Donegal Insurance Group, and its affiliates, hereinafter referred to as COMPANY, is hereby authorized to initiate debit and/or credit entries electronically or by any other commercially acceptable method through the Financial Institution indicated below, hereinafter referred to as FINANCIAL INSTITUTION, to or from the Checking Account indicated below, for the ongoing purposes of collecting premium payments from, and paying commissions to, the Agency noted below.

*Please type or print clearly – All information must be completed in full.*

### AGENCY INFORMATION

Direct Bill Commissions       Direct Bill Policy Payment

<p>_____</p> <p>Agency Name</p> <p>_____</p> <p>Agency Contact Person</p> <p>_____</p> <p>Contact Telephone Number (include ext.)</p>	<p><b>Agency Code(s):</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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### FINANCIAL INSTITUTION INFORMATION

<p>_____</p> <p>Financial Institution Name</p> <p>_____</p> <p>Transit/Routing (ABA) Number</p>	<p>_____</p> <p>Account Number</p>
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This authority is to remain in full force and effect until COMPANY has received written notification from the authorized signer(s) for the account of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

**ATTACH A COPY OF A CANCELLED CHECK OR VOIDED CHECK TO THIS FORM.**

<p>_____</p> <p>Authorized Signature on Account</p> <p>_____</p> <p>Printed Name of Signer</p>	<p>_____</p> <p>Today's Date</p>
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Submit Form to Donegal by fax at 1-855-618-6913  
or our secure email address:  
agency sweep@donegalgroup.com