



1300 Dexter Avenue N  
Seattle, WA 98109-3571  
1-800-467-3626

# Electronic Funds Transfer (EFT) Authorization Agreement For Vendors

Initial enrollment     Change of bank or account number

Vendor name \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact email \_\_\_\_\_ Fax \_\_\_\_\_

Name on bank account \_\_\_\_\_

Account number \_\_\_\_\_

ACH routing/Transit number \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Enroll to receive your EFT payment notifications by email? Yes  No

(Otherwise it will be mailed by USPS to the address provided.)

Email address for your electronic statements \_\_\_\_\_

I authorize PEMCO Mutual Insurance Company to initiate electronic credit entries to my account as indicated above in full or partial payment of my billings to PEMCO for goods or services.

*If you choose to email, be advised it is unencrypted and could expose sensitive information.*

Authorized signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

**If submitting electronically:** By typing my name above, I adopt the printed name as my signature. My printed name shall have the same legal effect as if I had affixed my signature to this form in handwriting.

**Return completed form to:**  
PEMCO Mutual Insurance Company  
Attn: Payee Codes  
1300 Dexter Avenue N  
Seattle, WA 98109-3571

Fax: 206-676-7160  
Email: [payee.codes@pemco.com](mailto:payee.codes@pemco.com)  
Message line: 206-628-4595