MAIF Producer Verification Form

Agency Services, Inc.
939 Elkridge Landing Road, Suite 200
Linthicum, MD 21090

Email: ASIProcessing@asionline.com
Phone: (800) 339-9192
Fax: (800) 553-1778

Producer Code (assigned by ASI) ☐

Please complete the information below and sign. Please print. Please email to the email address shown above.

Agency Name _____

Principal Name _____ Agent License # _____

E-Mail Address _____ MAIF Producer # _____

Agency Phone # _____ Agency Fax # _____

Physical Address: Street _____

City _____ State _____ Zip _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Bank Reference: Please note, this information is only needed if your agency requires drafts for carriers other than MAIF.

Bank Name _____ City _____ State _____

Bank Phone # _____ Bank Contact _____

Other Carriers: Company Name _____ Line of Business _____

Company Name _____ Line of Business _____

Company Name _____ Line of Business _____

If you were referred by another agency, please tell us who… _____

AUTHORIZATION AND RELEASE

To Whom It May Concern:
On behalf of the above named agency I hereby authorize and request insurance companies, their agents, and financial institutions to directly furnish Agency Services, Inc. ("ASI") with any information it requests concerning the above relationship with such entities. A photocopy of this authorization is to be accepted with the same authority as the original. This letter of authorization will remain in force unless and until cancelled in writing.

Signed: _____

Name: _____

Title: _____

Date: _____

AUTHORIZATION AGREEMENT

BETWEEN AGENCY SERVICES, INC. AND PRODUCER FOR ELECTRONIC TRANSFER OF FUNDS (EFT)

_____, (Producer) and Agency Services, Inc. (ASI) agree that ASI is authorized to initiate debit (WITHDRAWAL) and credit (DEPOSIT) entries to Producer's account identified below to withdraw and deposit funds for the purpose of making payments in connection with premium finance agreements. In the event that ASI notifies the depository institution for Producer's account that funds to which Producer is not entitled have been deposited, Producer hereby authorizes and directs the institution to return said funds to ASI as soon as possible and will give ASI its full cooperation in obtaining any such return of funds.

As part of this Agreement, ASI grants Producer the authority to deposit checks or other payments that are intended as payments to ASI only in the account identified below. This authority is solely for the purpose of electronically transferring such funds to ASI. Producer has no interest in such funds, shall not retain any portion of such funds, and shall hold such funds in trust for the sole benefit of ASI at all times. At any time this authority may be terminated immediately by ASI for any reason.

LIST BELOW THE ACCOUNT YOU WANT US TO DEBIT (WITHDRAW) AND CREDIT (DEPOSIT)

Depository Name: _____

City and State: _____

Checking Account Number: _____

Check Routing Number: _____

Agency Fax #: _____

ASI Agent Code: _____ MAIF Agent Code_____

Signing up for (please circle): Web Payments EFT with MAIF Both Payments and EFT

Election may change without another form being submitted.

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

This authorization is to remain in full force and effect until ASI has received **written notification** of its termination in such time as to afford ASI a reasonable opportunity to act on it.

Producer/Agency Name: _____

Authorized Name (signed): _____Date:_____

Authorized Name (printed): _____

ASI Authorized Representative (signed): _____ Date:_____

ASI Authorized Representative (printed): _____

E-MAIL THIS FORM AND A VOIDED CHECK TO ASIPROCESSING@ASIONLINE.COM