

Assignment of Indemnity With Direct Deposit (EFT) Authorization

I N S U R E D	Name: _____ Address: _____ _____ City, State, Zip: _____ Tax Identification Number (last 4): _____	A G E N C Y	Name: _____ Address: _____ _____ City, State, Zip: _____ Code: _____ Phone: _____ Agent: _____
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Direct Deposit Information

Records on file with Great American Insurance Company indicate Direct Deposit of claim payments for MPCl, Crop Hail and Named Peril products has been requested. This method of payment will electronically deposit payment to the Insured's account, in the bank of their choice. Direct Deposit eliminates any chances of a lost check or mail delays and deposit should be completed within one business day after we have processed the payment.

Bank Information (Name and Address) _____

Claims with an Assignment of Indemnity must have the creditor's authorization to have loss funds transferred electronically.

Creditor Information

_____	of	_____	,	_____
(Name of Lender or Creditor)		(Mailing Address)		(City, State, and Zip Code)
_____		_____		
(Phone Number)		(Email Address)		

By signing below, I the creditor authorize Great American Insurance Company to deposit MPCl, Crop Hail, and Named Peril Claim payments directly into the Insured's bank account. This authority will remain in force until I have given written notice that I have terminated it, or Great American Insurance Company has notified me that this deposit service is no longer available.

Authorized by (please print): _____

Signature: _____ **Date:** _____

Please send completed form to the Crop Accounting Dept email : cropaccounting@gaig.com