



11612 RM 2244, Ste. #1-200, Austin, TX 78738 Phone: (512) 708-0148 Fax: (512) 708-9486

Policyholders Electronic Funds Transfer (EFT) Form

Complete this form and send a copy of a voided check to Redpoint Workers' Compensation to make electronic funds transfers (EFTs) from your bank account. Please note payment amounts may include audit, endorsement, and deposit premium.

(Check one of these selections)

New Enrollment

Change Enrollment

Cancel Enrollment

Your Company Name: _____
(as it appears on your policy)

Your Policy#: _____ Contact's Email: _____

Contact's Name: _____ Contact's Title: _____

Bank Name (US Only): _____ Account Type (Check One):
 Checking Saving

Bank Account Number: _____

Bank Routing Number: _____

Redpoint Workers' Compensation is hereby authorized to withdrawal (debit) / deposit (credit) monies from / to my account indicated above at the financial institution named above. I agree this Authorization in no way effects the terms of the policy, other than the mode of payment, and the terms and conditions of the policy will continue to apply. I understand if funds are not available in my account at the time of the EFT draft, my policy will automatically be placed on a 10-Day Notice of Cancellation in accordance with my policy agreement. I further understand Redpoint Workers' Compensation is not responsible for any fees my financial institution may charge as a result of Insufficient Funds in my account.

Print Name: _____ Date: _____

Signature: _____

This authority remains in full force and effect as long as your insurance policy is active or until Redpoint Workers' Compensation has received written notification of its termination in such time and such manner as to give Redpoint Workers' Compensation and the financial institution a reasonable opportunity to act. To change or correct the EFT instructions above, please contact Redpoint Workers' Compensation's Accounting Department at (512) 421-2644 or email ehibel@redpointcomp.com.

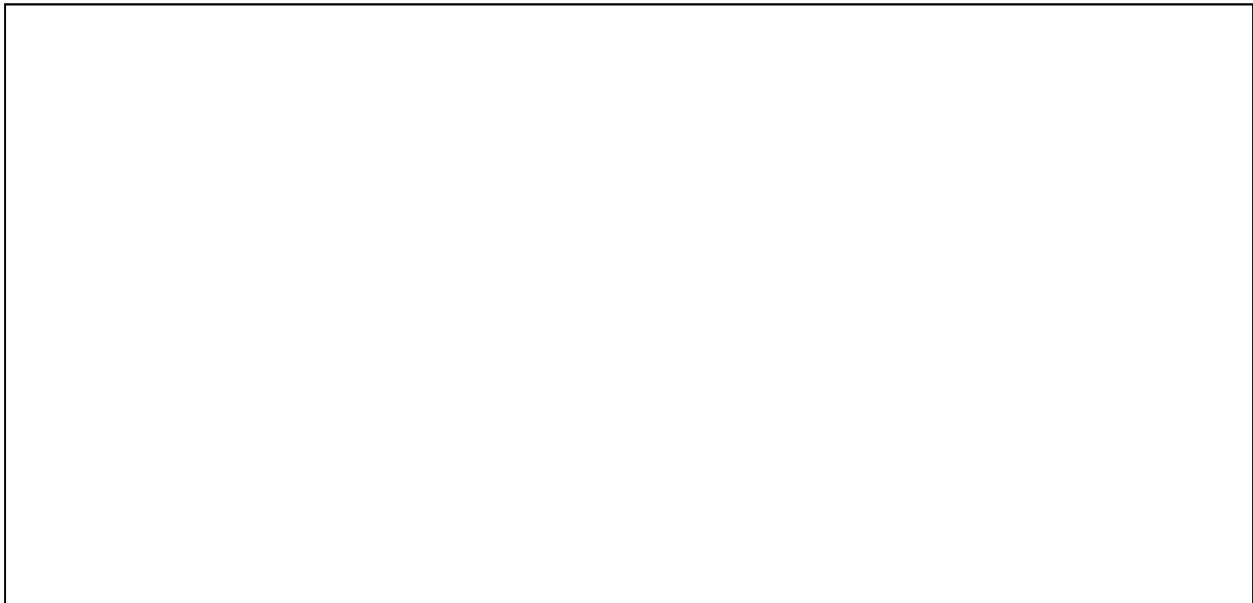
Submitting Your Enrollment

Please submit the Electronic Funds Transfer (EFT) Permission Letter form along with a copy of a voided check below to the Redpoint Workers' Compensation mailing address, website, or fax number indicated below. For security reasons, we cannot accept enrollment via email. The submission of the EFT Permission Letter and Voided Check sheet only need to be submitted once unless there is a change to any information provided.

Please mail, upload, or fax the completed form to:

<u>Mailing Address</u>	<u>Website</u>	<u>Fax Number</u>
Redpoint Workers' Compensation 11612 RM 2244, #1-200 Austin, TX 78738	http://www.redpointcomp.com/payroll-reporting/ (Follow Step #6 on Template Instructions)	(512) 708-9486

Place voided check in the square below:



If you have questions regarding the Electronic Funds Transfer, please contact the Redpoint Workers' Compensation Accounting Dept at (512) 421-2644 or email eheibel@redpointcomp.com.