



CLAIMANT DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Chesapeake Employers' Insurance Company (Chesapeake Employers) to deposit any payments owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Chesapeake Employers to my account. In the event that Chesapeake Employers deposits funds erroneously into my account, I authorize Chesapeake Employers to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Chesapeake Employers and the Bank have received written notice from me of its termination in such time as to afford Chesapeake Employers and Bank reasonable opportunity to act on it. I authorize Chesapeake Employers to:

Initiate Direct Deposit

Change/Update

Terminate Direct Deposit

Claim Number: _____

Claimant Name (please print): _____

Bank Name/City/State: _____

Routing/Transit #: _____

Account Number: _____

Checking

Savings

Signature: _____ Date: _____

To enroll in Direct Deposit, simply fill out this form and return to Chesapeake Employers' Insurance Company as instructed below. If depositing to a checking account, please attach a copy of a voided check (not a deposit slip). If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account (it isn't always the same as the number on a savings deposit slip). These attachments will help ensure funds are transferred correctly.

Fax back to: 410-494-2088
Attn: Theresa Harris

Mail back to: Chesapeake Employers Finance Dept.
Attn: T. Harris (EFT)
8722 Loch Raven Blvd
Towson, MD 21286