



Complete and Return
Fax to 330-659-8918

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Agency Name: _____

Agency Address: _____

Bank Name: _____

Bank Account # Deposits: _____ Bank Account # Withdrawals: _____

Routing # Deposits: _____ Routing # Withdrawals: _____

Withdrawals Deposits (Check to authorize)

If the Name and Address on your bank account is different than the above information please enter:

Name on Bank Account: _____

Bank Account Mailing Address: _____

The undersigned Agent hereby authorizes National Interstate Insurance Company and its affiliates ("NIIC") to initiate electronic withdrawals/deposits (as indicated above) from/to Agent's Account from time to time in payment of premium and other amounts due from Agents as determined from the electronic registration by Agent on NIIC's computer system of insurance transactions relating to policies sold by Agent and issued by NIIC. The agent also agrees to deposits of any commissions that may be due by the same method. By registering such transactions on NIIC's system, Agent represents to NIIC that Agent's Account has sufficient balance to pay all amounts due from Agent with respect to such transactions. Agent shall indemnify and hold NIIC harmless from any claim or liability arising from Agent's failure to have sufficient balance in Agents Account.

The authority granted herein may be revoked by Agent by providing written notice to NIIC at the following address:

National Interstate Insurance Company
3250 Interstate Drive
Richfield, OH 44286
Attn: Accounting

Or Send by Fax
330.659.8918
Attn: Accounting

Any such notice shall be effective at 12:01 a.m. on the second (2nd) business day following NIIC'S receipt. Agent authorizes NIIC to provide a copy of this authorization to any financial institution that executes, at NIIC's direction, the withdrawal from Agent's Account. Agent agrees that the Bank Account, and Routing information provided above is accurate and correctly identifies the account from which withdrawals shall be made pursuant to this Authorization. In Witness Whereof, Agent has executed this Authorization as of the date indicated below.

Authorized Signature: _____

Institution: _____

Date: _____