



Customer Authorization For Payments By Electronic Fund Transfer (EFT)

Customers must complete this form to receive payments from Great American Insurance Company (including its subsidiaries and affiliates, collectively "Great American Insurance Group") via electronic fund transfer (EFT). The Authorized Contact is the person authorized by you to enter the bank account information, to request a bank account information change, or to request to stop receiving EFT payments.

This form requires a handwritten signature by you or an authorized representative of your company.

Customer Information

Please select one: New EFT Request Change EFT Request Stop EFT Request

Customer Name _____

Authorized Contact Name (If none, Write N/A) _____

Customer Last 4 Digits of SSN _____

Claim Number _____

Physical Address _____

Customer Phone (Direct Line) _____

Customer Email _____

For security purposes, please complete the following field about you or the Authorized Contact.

This information will be required when you or the Authorized Contact logs into our ePay portal.

Zip Code _____

By signing below, I verify the above information is true and correct. I understand that I may revoke this authorization at any time by notifying Great American Insurance Group by email at ePaySupport@gaig.com. Great American Insurance Group requires notice of at least five business days in order to cancel this authorization. In the event I cancel direct deposit of claim payments, future claim payments will be made via paper check.

Signature _____

Name (Printed) _____ Date _____

Please submit this completed authorization form by email to ePaySupport@gaig.com, or by mail to Great American Insurance Group, Attention: Corporate Claims Operations, 301 East 4th St, 19th Floor, Cincinnati, OH 45202-4201.