



**UMIALIK**  
INSURANCE COMPANY  
*Peace of mind. Made in Alaska.®*

## Agency Sweep / Direct Deposit Authorization Form

Agency Number

Agency Name

### Agency Sweep

Name of Financial Institution Branch

Branch

City

State

Zip Code

Financial Institution Routing Number Account Number

Account Number

I hereby authorize Western National Insurance Group, on behalf of Western National Mutual Insurance Company, Western National Assurance Company, Pioneer Specialty Insurance Company, and Umialik Insurance Company, to initiate sweep entries to the account listed above. This authority will remain in effect until I notify you in writing to cancel this agreement.

Name

Title

Agency Manager/Owner Signature

Date

### Direct Deposit of Commission Checks

Name of Financial Institution Branch

Branch

City

State

Zip Code

Financial Institution Routing Number Account Number

Account Number

I hereby authorize Western National Insurance Group, on behalf of Western National Mutual Insurance Company, Western National Assurance Company, Pioneer Specialty Insurance Company, and Umialik Insurance Company, to deposit my commission checks directly into the account listed above. This authority will remain in effect until I notify you in writing to cancel this agreement.

Name

Title

Agency Manager/Owner Signature

Date

Direct Deposit Contact

Email Address for Direct Deposit Contact

MAIL THE COMPLETED FORM TO WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-0184 OR FAX IT TO (952) 921-9230 or (877) 392-3735.