



KANSAS BUILDERS INSURANCE GROUP

2101 S.W. 36th St.
Topeka, KS 66611
P: 785-266-4540
F: 785-266-7953
www.kbig.biz

WEB REPORTING ENROLLMENT FORM

OPTION 1:

To pay your monthly premium by electronic transfer, complete the bank authorization information below and return to the KBIG office. We will forward the information to our bank and the bank account will be able to be accessed in one or two business days. You will automatically be given a password by the system. It will be forwarded to the e-mail address YOU PROVIDE. The next step is to access www.kbig.biz and follow the instructions to enter the payroll by class code. The system calculates the total amount owed and YOU AUTHORIZE THE TRANSFER OF FUNDS! *(This takes 24-48 hours, not including weekends or holidays, so allow plenty of time to avoid a late penalty fee!)*

AUTHORIZATION AGREEMENT FOR PERSONAL/BUSINESS COLLECTION

I hereby authorize KBIG to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Member Name: _____ Policy#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Account Information

Account Type (check one): *Checking* _____ *Savings* _____

Account Number: _____ Bank Routing Number: _____

Authorized amount to withdraw will be entered and submitted by member each period.

This authorization is to remain in full force and effect until KBIG has received written notification from me of its termination in such time and in such manner as to afford KBIG and DEPOSITORY a reasonable opportunity to act.

SIGNATURE _____ DATE _____

NOTE: ALL WRITTEN AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. *(Please attach a copy of a voided check along with this completed form.)*

OPTION 2:

Access the monthly interim and enter your payroll information BUT you do not want to pay by electronic transfer of funds. Complete the information below and fax or mail to KBIG. The system will automatically email a password to the address provided. You will then be allowed to access the web for your company's information at www.kbig.biz. Follow the instructions to enter the payroll by class code. The system will automatically calculate the total amount owed. Save and print the reporting form and forward it to us along with your check for the calculated amount due. *Be sure to give us the e-mail address of the person who will be responsible for completing the monthly reporting form.*

Please advise me of my password at _____ (e-mail).

POLICY # _____ COMPANY NAME _____