



**AMERICAN
GENERAL**

**Direct Deposit Authorization
AIG Life Brokerage Group**

American General Life Insurance Company

Member of American International Group, Inc.
Midwest Operations Center
750 West Virginia St. • P.O. Box 401
Milwaukee, WI 53201-0401

1	Name	Last	First	MI	Code #1 _____	Social Security/Tax ID No
					#2 _____	
					#3 _____	

If commissions are currently assigned, Name of Payee	Transaction Type Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel <input type="checkbox"/>
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2	Financial Institution	Phone	
Address	City	State	Zip
Bank Identification No.	Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please attach a Voided Blank Check	

3 AUTHORIZATION STATEMENT
I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.

Signature	Date Signed
GA Signature (if applicable)	Date Signed

4	Compensation Department Use Only	Entered by	Date
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INSTRUCTIONS:
Section 1 Please fill in your Name, Social Security Number, Code(s) and check the Enroll box.
NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box.
Section 2 Please complete Financial Institution information.
Please attach a Voided Check for Checking Accounts.
Please attach a Deposit Slip for Savings Accounts.
Section 3 Read authorization statement, sign, date and submit to:
FAX: 1-866-826-5961 or MAIL: Midwest Operations Center
PHONE: 1-888-653-5463 750 West Virginia St. PO Box 401
Hunt Group 3003 Milwaukee, WI 53201-0401

Section 4 Compensation Department Use Only	Verified by : _____
	Date: _____