



## Commission Direct Deposit Authorization Form

*This authorization gives North American Company for Life and Health Insurance and your financial institution the authority to deposit your compensation directly to your account. Please allow approximately 30 days upon delivery of this form before the first Direct Deposit is processed. To take advantage of this service, all you need to do is:*

1. Complete the requested information below about you, your financial institution, and your account.
2. Return this form to Agency Services.

**Note: Be sure to sign the form. You may fax to 877-595-8256.**

*To Cancel/Change Direct Deposit: If you desire to cancel the direct deposit please notify Agency Services, Attn: Licensing and Contracting, of your request in writing, by email, fax or mail. If you desire to change the direct deposit due to a change in banks, or otherwise, please notify Agency Services, Attn: Licensing and Contracting, of your request and resubmit an updated Commission Direct Deposit Authorization Form.*

### DIRECT DEPOSIT AUTHORIZATION

Please print and return the section below to Agency Services, Chicago.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my Checking/Savings Account each pay period. Should an inappropriate deposit be made, the financial institution is authorized to make debit entries to my account and return to the Company the amount of any such overage. This authorization will remain in effect until I have cancelled it in writing.

Mark the appropriate box specifying the type of account.

Checking Account

Attach a voided check for verification of all financial institution information.

Savings Account

Attach letter from your financial institution verifying savings account number and routing number. We cannot accept a deposit slip in lieu of a letter from your financial institution.

FINANCIAL INSTITUTION'S NAME		YOUR NAME (PLEASE PRINT)	
BRANCH	YOUR ACCOUNT NUMBER	BANK ROUTING NUMBER	
CITY	STATE	FINANCIAL INSTITUTION PHONE NUMBER	
	NORTH AMERICAN CODE #	DATE	
YOUR SIGNATURE			

**STAPLE VOIDED CHECK HERE**