



WEST COAST LIFE

## COMMISSION DIRECT DEPOSIT

*With West Coast Life's Commission Direct Deposit, your commission earnings will be deposited directly into your checking account.*

Please complete this form and mail or fax it along with your **VOID CHECK** to the following address:

Margit Larot  
West Coast Life Insurance Company  
Commission Service Department  
PO Box 193892  
San Francisco, CA 94119-3892

**OR**

Fax: (205) 268-1601

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### Commission Direct Deposit Authorization

I authorize West Coast Life Insurance Company to initiate entries to my (our) account listed below.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Agent Number

\_\_\_\_\_  
Date

This authority will remain in effect until West Coast Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

**DON'T FORGET TO ATTACH A VOID CHECK. YOUR REQUEST CANNOT BE PROCESSED WITHOUT IT.**



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## ONLINE COMMISSION REQUEST FORM

*You may view your West Coast Life commission statements online!*

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Commission Service Department  
PO Box 193892  
San Francisco, CA 94119-3892

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Your user id and password will be sent to the email provided below. (Fields with \* are required).

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\*SSN or Tax ID: \_\_\_\_\_

\*Agent #: \_\_\_\_\_ \*BGA (if not a BGA): \_\_\_\_\_

Agency Name: \_\_\_\_\_

\*Principal Agent Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Phone#: \_\_\_\_\_ \*Fax#: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_