

COMMISSION DIRECT DEPOSIT AUTHORIZATION FORM

It is the policy of North American to deposit your commissions directly to an account of your choosing at a designated financial institution.

1. Mark the appropriate box specifying that your pay will be deposited to either your checking account or savings account.
2. Complete the requested information about you, your financial institution and your account.
3. Submit a voided check for verification of all financial institution information.

DIRECT DEPOSIT AUTHORIZATION - Please fill out and return to the Agency Services Dept.

I authorize you and the financial institution listed below to automatically deposit my net amounts earned and payable to my:

☐ Checking Account

☐ Savings Account - **Note:** If choosing the Savings Account option, please supply the information on bank letterhead.

Should an incorrect deposit be made, the financial institution is authorized to process debit entries to my account and return to North American the amount of any such overage.

In the event you incur a commissions debt to North American we will not debit your account without prior permission from you.

This agreement will remain in effect until I have cancelled/changed it in writing.

_____ FINANCIAL INSTITUTION'S NAME		_____ AGENT/AGENCY NAME AND NUMBER	
_____ BRANCH		_____ ACCOUNT NUMBER	
_____ CITY	_____ STATE	_____ ROUTING NUMBER	
_____ AGENT/PRINCIPAL SIGNATURE		_____ DATE	

Mail or fax completed form along with a voided check to the appropriate Life or Annuity Division at the address below.

VOIDED CHECK REQUIRED

North American Company for Life and Health Insurance®

Life Division: Agency Services • PO Box 5088 • Sioux Falls, SD 57117-5088
Phone: 877-872-0757 • Fax: 877-595-8254 • Email: teampurple@sfgmembers.com

Annuity Service Center: P.O. Box 79905 • Des Moines, Iowa 50325-0905
Phone: 866-322-7068 • Fax: 866-322-7072 • Email: annuitylicense@sfgmembers.com