

**Direct Deposit
Authorization Agreement for Commissions**

I hereby authorize Group Benefits, Ltd. to initiate credits for commissions due to agent or agency bank account. This will also grant us permission to post a debit to your bank account for agents or agencies that have a negative account balance with our agency. In accepting this agreement, you have agreed that the financial institution named below to also credit and debit the same entries to such account. I further understand that I assume responsibility for any service charges or fees imposed by my financial institution for EFT transactions.

Please print:

Name _____

Social Security or Tax Identification Number _____

E-mail address _____

(Please note this e-mail address will be used to e-mail commission statements to our agents. If you are an agency, please provide one e-mail address to send the commission statements for the agency too.)

Name as it appears on bank account _____

Financial institution _____

City _____ State _____ Zip Code _____

ABA routing no _____ Account no _____

Signature _____ Date _____

Checking Savings New Request Information Change

Group Benefits, Ltd. initiates the transfer of funds on the thirteenth of every month to ensure that commissions will be in your bank account on the fifteenth of every month. If the fifteenth falls on a weekend, then commissions will be paid on the following Monday. Please check with your financial institution for their specific processing times and to verify the ABA routing number that appears on your check is the same number to use for electronic funds transfers (EFT). Changes to your banking information must be reported to the Commissions department, to avoid returned funds.

Return completed form and a voided check to:

**Group Benefits, Ltd.
Attn: Valerie Mills
12006 Ridgemont Drive
Urbandale, IA 50323
Fax # 515.222.5342**

