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## DIRECT DEPOSIT AUTHORIZATION – AGENT COMMISSIONS

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If you wish to have your Monthly Agent Commission deposited directly into your bank account please complete the following form and return to the Home Office.

*\*Make sure you enclose a "VOIDED" Check*

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Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

Phone: (        )        –        Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

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**I hereby authorize The National Slovak Society (NSS Life) to deposit my monthly commissions to my account information listed below.**

Bank Name: \_\_\_\_\_ Phone: (        )        –

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking Account (*attach a VOIDED check*)

Savings Account

### **AUTHORIZATION**

I am entitled to receive payments under the agent number designated above. I authorize the National Slovak Society to make all payments due to me for commission by direct deposit to the bank account designated above. This authorization shall be effective until written notice is sent from me to the contrary.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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