

**Commission Direct Deposit Authorization Form**

*This authorization gives North American and your financial institution the authority to deposit your pay directly to your account. To take advantage of this service, all you need to do is:*

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

NOTE: Be sure to sign the form!

**DIRECT DEPOSIT AUTHORIZATION—Please fill out and return to the Licensing Department.**

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

Checking Account

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. The authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
 FINANCIAL INSTITUTION'S NAME

\_\_\_\_\_  
 YOUR NAME (PLEASE PRINT)

\_\_\_\_\_  
 BRANCH

\_\_\_\_\_  
 YOUR ACCOUNT NUMBER

\_\_\_\_\_  
 CITY STATE

\_\_\_\_\_  
 YOUR SIGNATURE NORTH AMERICAN CODE #

\_\_\_\_\_  
 DATE

**STAPLE VOIDED CHECK HERE**



North American Company for Life and Health Insurance • Annuity Service Center  
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