



**Authorization Agreement for Electronic Funds Transfer (EFT) of Compensation Payments**

New  Change

**Instructions:** Use this form to set up a direct deposit of your check to the financial institution of your choice. Please call your financial institution to be sure they are able to accept EFT before completing this form.

**Return completed form to:** National Life Insurance Company  
Compensation Unit - M460  
One National Life Drive  
Montpelier, VT 05604

Please check the commissions you wish to have EFT for:

National Life  LSW Life  LSW Annuities

Staple a blank, voided check in the space below if you want your commissions deposited into your Checking account. **OR** Attach a deposit slip if you want your check deposited into a Savings account.

*Staple Void Check Here*

Memo \_\_\_\_\_

I: **080989430** I: **0014409843** || I **1436**

Transit/ABA #

Account Number

Name of Financial Institution: \_\_\_\_\_

Transit/ABA # 

--	--	--	--	--	--	--	--	--	--

 Account No.: \_\_\_\_\_

I authorize National Life Group to deposit my commissions directly into the above account. I also authorize National Life Group to debit my account for any deposit they have made in error.

Agent's Signature: \_\_\_\_\_ Date: (mm/dd/yyyy) \_\_\_\_\_

Agent's Name: (Print) \_\_\_\_\_ Agent Number(s): \_\_\_\_\_

National Life Group reserves the right to prenote in order to verify bank account information. You must notify us immediately if any change is made to your bank account information.