



AGENT COMMISSION DIRECT-DEPOSIT AUTHORIZATION

Agent Name: _____ Agent Code No: _____

Payee Name: _____ Payee Code No: _____
(if commissions are payable to an agency or corporation)

Please select one of the following:

Mid Month Commissions Deposit (twice a month) _____

Once a Month Commission Deposit _____

New Applicant: _____ Change to Account Information: _____

I (we) authorize American Community Mutual Insurance Company to deposit any commission due me to the Financial Institution account listed below. I understand that at any time my account has a debit balance, commissions will not be deposited until the balance is over \$100.00.

Financial Institution Name _____

Street Address _____

City _____ State _____ Zip _____

Financial Institution Phone Number _____

Select one: _____ Checking Account No: _____

_____ Savings Account No: _____

This authority is to remain in effect until such time American Community Mutual Insurance Company and the Financial Institution have received written notification from me of its termination, in such a manner as to allow American Community Mutual Insurance Company and the Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____

Please attach a voided check if you have chosen for your commissions to be deposited into a checking account or attach a copy of a deposit slip (along with the routing number of the financial institution) if you have chosen for your commissions to be deposited into a savings account.

Commission statements are available on our website at www.american-community.com. Log on through For Agents, then click on Commissions.

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