

**Authorization Agreement for
Commission Payment through Electronic Funds Transfer
(Automatic Bank Deposit)**

By



Broker, Agent/Agency

Name: _____

Address: _____

Social Security No.: _____

or

Federal Employer Identification No.: _____

I (We) authorize Companion Life Insurance Company of South Carolina to make electronic fund transfer (EFT) payments for commissions to the following account:

Account Number: _____

Type of Account: Checking Savings
(Please check only one of the above.)

PLEASE ATTACH A VOIDED CHECK FOR THE SELECTED ACCOUNT.

Authorized Action

		From:	To:
Initial Set-up	<input type="checkbox"/>	_____	_____
Change in Account Number	<input type="checkbox"/>	_____	_____
Change in Banks	<input type="checkbox"/>	_____	_____
Terminate EFT Effective	<input type="checkbox"/>	_____	_____

This authority is to remain in force for authorization of electronic fund payment of commissions from Companion Life Insurance Company of South Carolina until written notification is received requesting that the direct deposit method of payment be terminated.

Signature _____ Date _____