



**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT**

**Executive Office:
1 Senior Life Lane
Thomasville, GA 31792**

New Single Account Change

Important: This form will not be effective without a VOIDED check for the account number indicated in Section 2 and this form is signed in Section 3 by the individual listed in Section 1

1	Name(Please Print)	Agent Number	SSN/Tax ID
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I hereby authorize the above named company to deposit directly into my account listed below. If the company erroneously deposits funds into my account, I authorize the company to initiate the necessary debt entries, not to exceed the total of the original amount credited. Senior Life Insurance Company does not assume any responsibility or liability for incorrect information entered on this form and may not be held responsible or liable if an agent's compensation is lost due to such error.

2	Depository Name	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	City, State, Zip
	Transit/ABA Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Account Number

This authorization will remain in effect until canceled by the company or the company has received written notification from me that is to be terminated in such time and manner for the company to act on it.

THERE WILL BE A 24 HOUR WAITING PERIOD BEFORE DIRECT DEPOSIT IS AVAILABLE

3	Signature	Date
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DISCONTINUANCE OF AGREEMENT FOR DIRECT DEPOSIT

I hereby request the above named company to discontinue depositing my pay directly into my account listed below, effective ____ / ____ / ____.

Depository Name	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	City, State, Zip
Transit/ABA Number	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Savings & Loan	Account Number
Agent Name (Please Print)		Agent Number
Address	City State Zip	Telephone
Signature		Date