

IMPORTANT COMMISSION PAYMENT INFORMATION

New Era Life Insurance Companies is pleased to provide direct deposit of your commissions into your bank account.

In order to begin direct deposit, please complete the authorization form below. Please be sure to **sign the form and attach a voided check.**

If you change your bank account number, please notify us immediately to avoid any delays in your commission. A written request along with a new voided check must be submitted in order to change this information.

Direct Deposit Authorization

Please Complete & Return to Home Office /Commission

Agent Name: _____ Date: _____

Agent Number / Numbers: _____

Social Security or Tax ID Number: _____

Email Address: _____

I authorize New Era Life Insurance Companies to initiate electronic credit entries for commissions due. Debit entries will only be made if a bank error or a commission processing error has occurred.

Checking Account (*Attach Voided Check and Sign Below*)

Savings Account (*Complete Bank Routing & Account No. and Sign Below*)

Update to existing bank account information

As of _____ my bank information is as follows. In order to change the bank information,
Date

I must submit a written request along with a voided check. This authority will remain in effect until I have canceled in writing.

Financial Institution:	
Branch / City / State	
Routing & Transit #	
Account #	
Signature	

Please return this form to:

Fax: (281) 368-7282

Email: commission@neweralife.com