

Empire General Life Assurance Corporation
P. O. Box 310
Shawnee Mission, KS 66201

Commission Direct Deposit Authorization

Name: _____

Agent Address: _____
P. O. Box/Street City State Zip Code

Agent Number(s): _____

I hereby authorize Empire General Life Assurance Corporation to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries made in error to my account indicated below and the financial institution named below to credit/or debit the same to such account.

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account Number (Checking): _____ or (Savings): _____

A voided check or deposit slip with an account name matching the name shown above must accompany this form.

This authority is to remain in full force until Empire General has either received written notification from me on its termination in such time and in such manner as to afford Empire General a reasonable opportunity to act on it. This authorization may, at the discretion of Empire General, survive the termination of my Independent Producer Agreement.

Signature: _____ Date: _____

Please return this form to:

Empire General Life Assurance Corporation
ATTN: Commissions
P. O. Box 310
Shawnee Mission, KS 66201

Due to the bank notification process required to initiate your Automatic Deposit, your authorization will become effective in approximately three weeks. To ensure proper and efficient deposits of your commissions, please notify Empire General/Commission Department of all bank account changes. Your commission statement will indicate when a direct deposit or adjustment has been made.