

# Authorization Agreement for Direct Deposit To Savings or Checking Account

## OM Financial Life Insurance Company

<b>INSURER</b>	
OM Financial Life Insurance Company	

I (we) hereby authorize OM FINANCIAL LIFE INSURANCE COMPANY ("OM Financial Life") to deposit my (our) commission payment with the financial institution identified below ("Bank") and the Bank to credit the same to my (our) account as described below. In the event that OM Financial Life notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account by it in error, I (we) hereby authorize the Bank to return said funds to OM Financial Life upon demand, and agree to hold OM Financial Life harmless from any and all liability in connection therewith. OM Financial Life will process chargeback of commissions within its commission system, and only net commission due will be eligible for deposit to my (our) account.

Agent Number	Payee's Name (Please Print)	Bank Account Number	Bank Name
Bank Address	City	State	Zip Code
ABA Transit / Routing Number (Lower left corner of your check)		Bank Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	

This authorization is to remain in force until OM Financial Life has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

<b>Payee's Signature</b>	Date
<b>Joint Payee's Signature</b> (if jointly paid, both parties must sign)	Date



Return to OMFN: Fax No. 410-895-0129