

American National Insurance Company of Texas

Health Licensing & Commission Department

P.O. Box 1996 Galveston TX 77553

Phone: 1.888.790.6055 Fax 1.409.621.3046

AUTHORIZATION AGREEMENT FOR AUTOMATIC COMMISSION DEPOSITS

I hereby authorize American National Insurance Company of Texas, hereinafter called Company, to deposit my account indicated below the commission I am due for any pay period. I also authorize the Financial Institution indicated below, hereinafter called Financial Institution, to credit the same to such account. Should an over deposit be made, the Financial Institution is authorized to debit such account and return to Company the amount of such overage.

NAME _____
(Financial Institution)

CITY _____ STATE _____

SELECT ONLY ONE: _____ CHECKING _____ SAVINGS

This authority is to remain in full effect until Company has received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

NAME _____ Agent Code _____

SIGNED _____ Date _____

Attach Personalized
Voided Check Here