



830 Taylor Street
Fort Worth, Texas 76102
(817) 877-5861 or (800) 772-2355
Fax: (817) 877-3443

American Health Underwriters, Inc. (AHU) is pleased to provide direct deposit of your commissions into your bank account.

Here are some of the benefits you will receive with our direct deposit program:

- *Get your commissions fast.*
- *Funds are deposited three working days after AHU transmits to the bank.*
- *No more lost checks. No more trips to the bank to deposit checks.*

Your statement, which will be mailed or provided to you electronically, will indicate the amount of deposit. The authorization form below states that we may make debit entries to your account only in the rare case of a bank error or a commission processing error. **We will not deduct debit balances from 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 or a savings deposit slip.**

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 or a deposit slip** must be submitted in order to change this information.

Direct Deposit Authorization

Agent Name/Corporation Name: _____ Date: _____

Agent Number/Numbers: *(Please list all agent numbers.)* _____

Social Security or Tax ID Number: _____

E-mail Address: _____

I authorize American Health Underwriters, Inc. to initiate electronic credit entries for commission due. Debit entries will only be made in the rare case of an error by either the bank or AHU to correct a credit entry previously made or a commission processing error.

- Checking Account (Attach voided check and sign below)** **Change of Account**
 Savings Account (Attach a savings deposit slip and verify with your bank your routing/transit number.) **PayLynk Visa Payroll Card**
If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will ensure that your commissions are deposited correctly.

As of _____, my bank information is as follows. In order to change the bank information, I must submit a written request along with a voided check or a deposit slip.

Financial Institution: _____

City: _____ State _____ Zip: _____

Routing/Transit Number: _____ *(9 digit number—if unsure of number, please contact your bank)*

Account Number: _____

This authority will remain in effect until American Health Underwriters, Inc. has received written notice from me. I agree to contact American Health Underwriters, Inc. in writing if I change banks or bank accounts for my deposits.

Signature: _____

Return to: AMERICAN HEALTH UNDERWRITERS, INC.
Attn: Accounting Department
830 Taylor Street
Fort Worth, Texas 76102

Or Fax (along with a copy of voided check) to (817) 877-3443