



American General Life Insurance Company

A member company of American International Group, Inc.

Midwest Operations Center: P.O. Box 401, Milwaukee, WI 53201-0401

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

Agent Codes #1 _____ #2 _____ #3 _____	Tax Identification Number (TIN)	Corporation Name	Transaction Type <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	Social Security Number	Agent Name	

Financial Institution			Phone	
Address		City	State	Zip
Bank Identification Number <i>*Cannot begin with the number 5</i>		Account Number		Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK</i>

AUTHORIZATION STATEMENT	
I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.	
Signature	Date Signed

<p>INSTRUCTIONS:</p> <p>Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box.</p> <p>Section 2 Please complete Financial Institution information.</p> <p>Please attach a Voided Check for Checking Accounts. Please attach a Deposit Slip for Savings Accounts.</p> <p>Section 3 Read authorization statement, sign, date and submit to: FAX: 1-800-337-0961 or MAIL: Midwest Operations Center, Attn: Compensation Department 750 West Virginia St., P.O. Box 401, Milwaukee, WI 53201-0401</p> <p>If you have any questions please call 1-888-653-5463 Hunt Group 3003</p> <p>Not for use by Policy Holder</p>
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