



# DIRECT DEPOSIT OF COMMISSION EARNINGS AUTHORIZATION AGREEMENT

EquiTrust Life Insurance Company will electronically send commission funds through the Automated Clearing House (ACH) directly to a Financial Depository account as named on this form.

This authorization is to remain in force and effective until EquiTrust Life Insurance Company has received written notification of its termination in such time and in such manner as to afford EquiTrust Life Insurance Company and the Financial Depository a reasonable opportunity to act upon it.

Type of Request:     New Request             Change Request

Type of Account:     Checking             Savings             Other \_\_\_\_\_

Payment Cycle:\*     Daily             Weekly

*\*If no payment cycle is elected, the cycle will be set on daily payments*

Should a deposit be made in error, the Financial Depository is authorized to make debit entries to my account and return the Company the amount of any such overage.

Agent Name & Number \_\_\_\_\_  
*Please Print*

Phone Number \_\_\_\_\_

Signature(Required) \_\_\_\_\_  
*Signature*

## FINANCIAL INSTITUTION

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

### IMPORTANT – PLEASE ATTACH A VOIDED CHECK! NO DEPOSIT SLIPS!

Return this form to:    Agency Administration  
                                  EquiTrust Life Insurance Company  
                                  P.O. Box 14500  
                                  Des Moines, Iowa 50306-3500

or fax to:            515-453-3362

If you have questions regarding this form, please contact Agency Administration toll-free at 1-866-598-3692.