

# Commission Direct Deposit Authorization Form

Name (please print): \_\_\_\_\_

Agent Number: \_\_\_\_\_

I hereby authorize Protective Life Insurance Company to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries made in error to my account indicated below and the financial institution named below to credit or debit the same to such account.

Name of Financial Institution \_\_\_\_\_

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

Account Number (Checking or Savings account only): \_\_\_\_\_

**ALL AGENTS ARE REQUIRED TO USE ELECTRONIC FUNDS TRANSFER (EFT) FOR WEEKLY COMMISSIONS.**

This authority is to remain in full force until Protective has either received written notification from me on its termination in such time and in such manner as to afford Protective a reasonable opportunity to act on it. This authorization may, at the discretion of Protective, survive the termination of my Independent Producer Agreement.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to:**

**Protective Life Insurance Company  
LAD Compensation, 2-3MA  
P.O. Box 2606  
Birmingham, AL 35202**

**Fax: 205-268-5427**

**Phone: If you have any questions, please call:  
1-866-409-6386**

