



**THE LAFAYETTE LIFE INSURANCE COMPANY**  
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## **AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER**

AGENT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

WRITTEN SIGNATURE \_\_\_\_\_

I HEREBY AUTHORIZE LLIC TO: ( ) START ( ) STOP

Depositing my commission checks in my checking account, and to be effective in such time and such manner as to afford LLIC and Financial Institution a reasonable opportunity to act upon it.

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ACCOUNT NO. ( ) CHECKING \_\_\_\_\_ **(ATTACH BLANK SAMPLE VOID CHECK)**

( ) MY COMMISSION CHECKS ARE NOW BEING DEPOSITED. CHANGE MY BANK, CHECKING ACCOUNT NUMBER AS SHOWN ABOVE.

It is agreed that The LLIC is relieved of any further liability for such payments or for the application of the funds after they have been transferred in accordance with this authorization.

The financial institution referred to above shall incur no liability for the application of funds after deposit to my account, other than normal banking liabilities. Because of the continual fluctuation in exchange rates, this needs to be in a US Bank.

In the event that an entry is incorrectly initiated to my account, I also authorize The LLIC to initiate a reversing entry.

This authorization may be discontinued by my written request or upon termination.

**SEND AUTHORIZATION FORM AND VOIDED BLANK CHECK  
TO: AGENT'S ACCOUNTS DEPT.**