

Direct Deposit Authorization

American General Life Insurance Company

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	<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			

AUTHORIZATION STATEMENT

I authorize American General Life Company 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 Life Company to direct the bank to return said funds. This authority will remain in effect until I have either can celled it in writing or upon issuance of written notice from the Company.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form.

Signature	Date Signed
GA Signature <i>(if Applicable)</i>	Date Signed

INSTRUCTIONS:

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.

Section 2 Please complete Financial Institution information.

Section 3 Read authorization statement, sign, date and submit to:

FAX: 1-877-484-3142 **or** **MAIL:** P.O. Box 9978, Amarillo, TX 79105-5978

Not for use by Policy Holder