

# COLONIAL DIRECT DEPOSIT REQUEST

THIS FORM CANCELS AND SUPERSEDES  
ANY PREVIOUS DIRECT DEPOSIT REQUESTS.  
BE SURE TO FILL IT OUT COMPLETELY AND ACCURATELY.

PLEASE PRINT

<b>PRODUCER INFORMATION:</b>	LIST ALL PRODUCER CODE NOS.: _____
NAME: _____	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE
SSN/EIN NUMBER _____	

\*You may deposit your total compensation to one account (checking or savings), or you may split your compensation between three different accounts (any form of checking and savings). **Designate a primary account and percentage. Designate a second and/or third account and percentage only if you plan to split deposits. This form will be returned if all information is not completed.**

<b>PRIMARY ACCOUNT:</b>	Percentage _____
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>
_____	_____
<u>Account Number*</u>	<u>Type of Account</u>
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>SECONDARY ACCOUNT:</b>	Percentage _____
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>
_____	_____
<u>Account Number*</u>	<u>Type of Account</u>
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>THIRD ACCOUNT:</b>	Percentage _____
<u>Name of Financial Institution (Bank)</u>	<u>Routing/Transit Number*</u>
_____	_____
<u>Account Number*</u>	<u>Type of Account</u>
_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

When you have completed this form, separate the copies and attach a voided check to the original, mail to the address below. Deposit slips or counter checks are **NOT** accepted. **A change in your banking information will suspend your Direct Deposit for approximately 2-3 weeks and you will receive a paper check in the interim.**

Read and sign the following:

### DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Colonial Life & Accident Insurance Company to deposit my earnings (credits) as indicated above. It is understood that deposit(s) will not begin until after a pre-notification has been completed. Colonial Life & Accident Insurance Company may withdraw any money (debits) deposited to my account, in error, for such manner as to afford Colonial Life & Accident Insurance Company and my Financial Institution(s) a reasonable opportunity to act on it. I understand that depositing my earnings into the account(s) above does not affect how income will be reported on my annual 1099 form. I also understand that Colonial Life & Accident Insurance Company will not be held responsible for any NSF or return check charges incurred by me. This authorization will remain in effect as long as I remain eligible for participation unless I (we) notify Colonial Life & Accident Insurance Company, in writing, that the authorization is terminated. I (we) will provide the termination notice at such time and in such a way that Colonial Life & Accident Insurance Company will have reasonable time to act upon it. Colonial Life & Accident Insurance Company reserves the right to terminate this Direct Deposit Authorization at their discretion. Should the direct deposit authorization be terminated, a check will be issued for any commissions due.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_\_\_  
Date

**NOTE:** For all accounts, call your financial Institution to verify your account and transit Routing number(s).

**Please Return To:**  
Colonial Life & Accident Insurance Company  
P. O. Box 1365  
Columbia, SC 29202-1365  
Attn: Direct Deposit, SC431

Attach voided check here.