

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Agent Direct Deposit

P.O. Box 22069 · Waco, Texas 76702-2069 · 800-274-4829 · 254-751-0115 Fax

Agent Name: _____ Agent Number: _____

Address / City / State / Zip: _____

Phone Number: _____ Social Security or Tax ID Number: _____

I hereby request that until I notify Liberty Bankers Life Insurance Company otherwise, each commissions payment, commencing with the next payment due, shall be paid by Electronic Fund Transfer (EFT) to:

Name of Financial Institution: _____

Address / City / State / Zip: _____

Phone Number: _____

For credit to my (please choose one): Checking Savings

ABA Routing Number: _____ **Account Number:** _____

Please Attach a Voided Check or Deposit Slip Here

I authorize Liberty Bankers Life Insurance Company to make deposits to the bank account noted above. I shall deem receipt by said Financial Institution of such credit entries as receipt by me. In the unlikely event of a deposit error, I authorize the Company to make adjustments to correct the error. This authority is to remain in full force and effect until Liberty Bankers Life Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Liberty Bankers Life Insurance Company a reasonable opportunity to act.

Agent Signature: _____ Date: _____