

**North American Benefits Company
Direct Deposit Authorization Agreement**

I authorize North American Benefits Company, hereinafter called COMPANY, to make payment of any amount owed me (us) by initiating credit entries into the account at the bank listed below. This agreement will remain until I give written notice to change financial institutions, terminate service, or until COMPANY notifies me that this service has been terminated. I hereby authorize COMPANY and the financial institution to electronically deposit any payment into my designated account and to correct my account for any amounts deposited to which I am not entitled. COMPANY is not responsible for any payments you make assuming these funds are available.

**Please Print
Information on Agent/Agency Requesting Direct Deposit**

Name (no abbreviations): _____

Company Tax ID or SS#: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

INSTRUCTIONS FOR DIRECT DEPOSIT

Fill in complete banking information where indicated. If routing number is unknown, please contact your bank. Without the Routing Number, the automatic deposit cannot be processed.

Check One: New Direct Deposit: Change Existing Direct Deposit:

Bank Name: _____

Routing No.: _____ Account No.: _____

Account Type: Checking: Savings:

PLEASE ATTACH A VOIDED CHECK

Please note: It takes approximately one (1) month to implement an automatic deposit. If you transfer to a new bank, or if you change accounts, your automatic deposit may be interrupted.

Forward Completed Form To:
North American Benefits Company
Attn: Licensing Department
20 Valley Stream Parkway, Suite 310
Malvern, PA 19355
FAX: 610.995.0181
Email: Licensing@nabenefits.com

If you have any questions regarding this process, please contact the Licensing Department at 800.537.4565.