



**Agent/Producer Electronic Funds Transfer (EFT) Authorization Form  
from Unified Life Insurance Company**

- Please fill in all appropriate information and sign where necessary
- **Please Print Clearly** using blue or black ink
- Keep a copy of this form for your records
- You are responsible for ensuring all information is correct on this form

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Agent/Agency Name Agent Writing Number Today's Date

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Agent/Agency Current Mailing Address

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Email address Cell/Business Phone SSN/TIN

Agree to paperless commission statements

This account is (check one):  Checking Account  Savings Account

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Account Name Routing Number Account Number

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Bank Name for Deposit Address City, State, Zip Code

**You authorize Unified Life Insurance Company to automatically transfer funds to your checking or savings account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions.**

**This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate the authorization. Always check your commission statement to determine the amount deposited into your account.**

**X**

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Agent Signature Date

Please attach a voided or cancelled check from your banking institution. You may also email form and voided/cancelled check to [agentadmin@unifiedlife.com](mailto:agentadmin@unifiedlife.com) or Mail to: Agent Administration P.O. Box 25915 Overland Park, KS 66226-5915 Tel: 1-800-237-4463 or Fax to: 913-402-6942. Please allow at least 3 business days for the direct deposit to be processed into your account.