

**Commission Electronic Funds Transfer
Dearborn Life Insurance Company**

Phone Number: (800) 352-3935
Fax Number: (312) 540-3105

Main Administrative Office:
1020 31st Street, Downers Grove, Illinois 60515-5591

Instructions : Complete all sections of this form; date, sign and return the form with a **copy of a voided check or bank letter for checking accounts, or a deposit ticket for savings accounts which is required for account verification***.

Check one of the following choices:

- New Electronic Funds Transfer (EFT) payment program** - Begin paying my individual commissions directly into the bank account shown below
- Change my existing EFT payment program** – Continue paying my individual commissions directly into my bank account, but change my EFT payment program as follows:
 - Change financial institution as shown below
 - Change account information as shown below

Forms can be mailed to the mailing address above, emailed to: AncillaryCommissions@mydearborngroup.com or faxed to 312-540-3105.

I hereby certify that the checking or savings account indicated below is under my direct control and access; and, I authorize Dearborn Life Insurance Company (“Dearborn Life”) to initiate credit entries, and initiate adjustments for credit entries made in error, to the account number below. I also authorize the bank named below to credit and/or debit the same account number as Dearborn Life directs. Please note, debits will not occur until Dearborn Life has first notified the producer that it intends to make such a debit. This authority is to remain in full force and effect until Dearborn Life has received written notification from me of a termination or change of this authorization in such time and manner as to afford Dearborn Life a reasonable opportunity to act on that notification

INFORMATION

Producer Name:
(Name of agent or agency to which commissions are paid)

Name of Financial Institution:
(Bank, Credit Union, etc.)

Producer Business Address:

Local Branch Telephone number with Area Code:

Address

Branch Location of Financial Institution:

City, State ZIP

City, State ZIP

Producer Daytime Phone number:

Type of Account: Checking Savings

Producer Email Address:

Financial Institution Routing and Account Number:

Commission statements are sent via e-mail

Routing Number

Account Number

Producer (Account Holder) Signature

Date:

*** Failure to attach a copy of a voided check or bank letter for checking accounts OR deposit ticket for savings accounts will delay the processing of your EFT request.**

Note: Dearborn Life is not responsible for the result of inaccurate information provided on this form. Inaccurate/illegible entries may delay processing.