

**DIRECT DEPOSIT OF COMMISSION EARNINGS
AUTHORIZATION AGREEMENT**

EquiTrust Life Insurance Company®

7100 Westown Parkway, Suite 200
West Des Moines, Iowa 50266-2521
(866) 598-3692 Fax: (515) 226-5102
www.EquiTrust.com
Mailing Address: PO Box 14500
Des Moines, Iowa 50306-3500

Direct Deposit of Commissions is required – Please complete the following:

Agent Name		Agent Number	Phone Number
Type of Request	<input type="checkbox"/> New Request	<input type="checkbox"/> Change Request	
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Deposit Frequency*	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	
*If no deposit frequency is elected, the frequency will be set for daily.			

AGREEMENT

I hereby authorize EquiTrust Life Insurance Company, to make deposits to my account and for the financial institution named below to accept these deposits. I also authorize EquiTrust Life Insurance Company to make withdrawals from this account in the event that a credit entry was made in error.

This authority is to remain in full force until EquiTrust Life Insurance Company has written notification from me of its termination in such time and in such manner as to afford EquiTrust Life Insurance Company a reasonable opportunity to act on it.

Bank Account Owner Signature (Third Party)	Date
Agent Signature (Required)	Date

**THE ACCOUNT MUST BE A REGULAR CHECKING OR SAVINGS ACCOUNT
NOTE: Money Market and Brokerage Account are not accepted.**

Financial Institution Name	
Full Address	
Financial Institution Routing Number (9 digits)	Account Number
Note: the electronic transfer of funds may take 2-3 business days to reach your account once funds are released from EquiTrust. This processing time is dependent on your bank.	

Mail to:
EquiTrust
Attn: Agent Administration
PO Box 14500
Des Moines, IA 50306-3500

Can also be sent via fax or email to:
515-226-5102 or Agent.Administration@EquiTrust.com

