

Authorization Agreement for Direct Deposit to Savings or Checking Account

OM Financial Life Insurance Company

I (we) hereby authorize OM FINANCIAL LIFE INSURANCE COMPANY to deposit my commission payment with the financial institution named below ("Bank") and the Bank to credit the same to my account as described below. In the event that OM Financial Life notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account inadvertently, I (we) hereby authorize the Bank to return said funds to OM Financial Life as soon as possible and agree to hold OM Financial Life harmless from any and all liability in connection therewith.

Agent Number	Payee's Name (Please Print)	Bank Account Number	Bank Name
Bank Address	City	State	Zip Code
Bank Address		Bank Phone Number	
ABA Transit / Routing Number (Lower left corner of your check)		Bank Account Type:	<input type="radio"/> Checking <input type="radio"/> Savings

This authorization is to remain in force until OM Financial Life has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

Payee's Signature Date

Joint Payee's Signature (if jointly paid, both parties must sign) Date

