

Electronic Funds Transfer (EFT)
Authorization For Direct Deposits (ACH Credits)
(For Agent Use Only)



Policies Issued by:
Accordia Life and Annuity Company
P.O. Box 305030, Nashville, TN 37230-5030
Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

FirstAllmerica
P.O. Box 305030 Nashville, TN 37230-5030
Customer Contact Center – Tel: 877 462 8992 Fax: 800 262 6976

1. INFORMATION ABOUT THE AGENT

Type of Request (Select One):

New Request Change Request

The EFT information provided will be applied to all agent codes but will not cancel or change any Assignment of Commissions currently in place.

First Name	Middle Initial	Last Name	
Date of Birth (mm/dd/yy) / /	Social Security Number / Tax Identification Number		Contact Telephone Number
Street Address		Email Address	
City			State Zip

INSTRUCTIONS

This form is used to request direct deposit of your commissions into your bank account. Please provide all information requested on this form. Missing or incomplete information may delay the processing of your request.

2. BANK INFORMATION

I (we) hereby authorize Accordia Life and Annuity or First Allmerica Financial Life Insurance Company to initiate credit entries as follows:

Account Name (as it appears on the account):

Bank Name:

Routing /Transit / ABA Number (Bottom left of check):

Account Number (Bottom center of check):

Type of account:

Checking - Please attach a voided check for the listed account.

Savings - Please attach a deposit slip for the listed account.

If you are unsure about the correct way to complete the form, please reference the sample check information on the following page.

Please complete next page

Electronic Funds Transfer (EFT)
 Authorization For Direct Deposits (ACH Credits)
 (For Agent Use Only)



Name of Account → Joe Smith 1234
 123 Any Street
 Any City, US 12345 Date _____

Pay to the order of _____ \$ _____ Dollars

Bank Name → ABC Bank
 PO Box 111
 Any City, US 11111

Memo _____

:107198557: 1111111 1234

↑ Transit / ABA No. ↑ Checking Account Number ↑ Check Number

VOID

3. YOUR CONFIRMATION

I acknowledge that:

- 1) This request is to remain in full force and effect until Accordia Life and Annuity or First Allmerica Financial Life Insurance Company has received written notification of termination in such time and in such manner as to afford Aviva and the Depository a reasonable opportunity to act on the notification.
- 2) I authorize Accordia Life and Annuity or First Allmerica Financial Life Insurance Company to make interim payments by check to the address of record unless payments are currently being sent to an alternate address. If payments are currently being sent to an alternate address, I understand that the payment(s) will be mailed to that address until the direct deposit begins.
- 3) Funds will be released on the next cycle and may take 2-3 business days to reach your account. This processing time is dependent on your bank.
- 4) If attached voided check is to an entity other than the agent, we will deposit into that account with tax liability going to the agent's Social Security Number.
- 5) If the Agent intends to assign to a corporation, the attached check must be for the Corporation and an Assignment of Commissions Form must be completed; taxing liability will go to the Corporation's Tax Identification Number.

Agent Signature

Date