



Authorization Agreement for Direct Deposit of Regular Compensation Payments

- To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.
- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).

Send completed form by Mail: John Hancock
 PO Box 600
 Buffalo NY 14201-0600

Fax: 416-963-7323
 Email: usagency@jhancock.com
 This is not a secure email site.

For assistance, please call our toll free number : 1-800-505-9427, Option 1

Producer Name	Producer Code (if known)	Payroll Number
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Payee's SSN ID Last four digits only	X X X - X X -	or Payee's Tax ID	-
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Contact Information

Name	
Address - Number, Street, Apt., City, State, Zip Code	
Telephone Number	Email Address

Primary Bank Information

New Enrollment Updated Information

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		
If two accounts, indicate _____ % net pay OR \$ _____ amount for the primary account.		

Secondary Bank Information* - If this is the same bank as above, only complete the account information.

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

* Not available for all John Hancock Statutory Companies. Please contact your Compensation Representative for details.

Authorization

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- 1) credit entries to my/our bank account(s) indicated above;
- 2) any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

Signature of Account Holder	Signature of Joint Account Holder	Date
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