



**Principal Life Insurance Company**  
**Principal National Life Insurance Company**  
**Princor Financial Services Corporation**  
 Members of Principal Financial Group®  
 Principal Financial Group, Des Moines, IA 50392-0001

**Authorization Agreement  
for Direct Deposit**

**Fax:** 1-866-321-1474

**Mail to:** Marketer Services  
 Operation Services Team, A-003-S43  
 Principal Financial Group  
 Des Moines, IA 50392-0470

**Questions:** 1-800-388-4793  
 Marketer Services

Please complete this form to authorize us to deposit your net compensation earnings directly into your financial institution account ("Bank"). Investment brokerage accounts are not accepted if a debit cannot be processed.

**This represents:**  New Enrollment  Change of Account  Change of Bank

Name	Tax ID Number (SSN or EIN)	Statement Code(s)
_____	_____	_____
_____	_____	_____

**Account Information**

Checking Account Bank's Routing & Transit Numbers \_\_\_\_\_  
 \*Account Number \_\_\_\_\_  
 Voided check required in order to process.

OR

Savings Account Bank's Routing & Transit Numbers \_\_\_\_\_  
 \*Account Number \_\_\_\_\_  
 \*(Example of bank information on attached sheet)  
 Deposit slip required in order to process.

OR

Princor Cash Management Account Account Number \_\_\_\_\_

**Authorization Agreement for Direct Deposit**

I hereby authorize Principal Life Insurance Company, Principal National Life Insurance Company, or Princor Financial Services Corporation (if a Princor registered representative) to:

- deposit or credit my compensation earnings subject to your minimum requirements. Contact the phone number below for current minimum requirements. Amounts less than the minimum will accumulate until the minimum is reached and then will be deposited or credited at the next pay date.
- **it is understood that the deposit(s) will not begin until my bank has completed its prenotification, which can take a minimum of two weeks. (Prenotification does not apply to Group or Pension business.)**
- if necessary, initiate adjustments to correct any credit entries made in error to my account.

This authority is to remain in effect until revoked by me in writing and received by Principal Life Insurance Company, Principal National Life Insurance Company, or Princor Financial Services Corporation at Marketer Services, Operations Services Team A-003-S43, Principal Financial Group, Des Moines, IA 50392-0470. I understand either party reserves the right to amend or terminate this agreement at any time.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone No.** (\_\_\_\_) \_\_\_\_\_ **Home No.** (\_\_\_\_) \_\_\_\_\_ **Fax No.** (\_\_\_\_) \_\_\_\_\_

**NOTE: Please include one of the following with this signed form; a Voided Check from your Checking Account or a Deposit Slip from your Savings Account.**