



Transamerica Occidental Life Insurance Company  
 Transamerica Life Insurance Company  
 Home Office: Cedar Rapids, IA 52499  
 Administrative Office: P.O. Box 419521  
 Kansas City, MO 64141-6521

## Auto-Pay Authorization

Mailing Address: 4333 Edgewood Road NE  
 Cedar Rapids, IA 52499

### AUTO-PAY AUTHORIZATION TO BE COMPLETED BY THE PRODUCER

GA Name: \_\_\_\_\_

Office ID: \_\_\_\_\_

**This section authorizes Transamerica Occidental Life Insurance Company/Transamerica Life Insurance Company to deposit your bi-weekly commissions into your checking, money market or savings account. For a checking or money market account, please include a voided check or deposit slip. For a savings account, please include a deposit slip.**

I hereby authorize Transamerica Occidental Life Insurance Company/Transamerica Life Insurance Company (hereafter called the Company) to initiate deposits (credits) and/or immediate/same day corrections to deposits, if processed in error, to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it.

**Note:** The Company will not utilize this authorization to collect outstanding balances owed to the Company. Alternative repayment methods must be established between you and the Company in accordance with the terms of our contractual agreement.

Your Name: \_\_\_\_\_ Your Agent ID: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_  
Street City State Zip Code

Checking or Savings Account Number: \_\_\_\_\_ EFT Transit/ABA Number: \_\_\_\_\_

Account Types:  Checking/Money Market  Savings

\_\_\_\_\_  
Your Signature Date

\* If the name on the bank account is different from the contracted person or entity, a signature from the accountholder or signing officer of the account (if a corporation/firm) is required.

\_\_\_\_\_  
Accountholder's Signature (If signing officer of corporation/firm) Date

