

# direct deposit

## of your commission check

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- Fax or return completed form with voided check to First Ameritas: 400 Rella Blvd, Ste 304, Suffern, NY 10901. Fax 845.357.3612.
- Electronic deposit of compensation will be effective two (2) weeks after receipt of the completed form.
- Your commission will be deposited and your statement will be sent via U.S. mail the third working day of each month. The statement will indicate the amount deposited into your bank account. You may also verify your deposit amount by calling 800.628.8889.
- Changes in banking information must be communicated to First Ameritas by the first working day of the month to be effective for that compensation period.
- Electronic depositing can be stopped upon receipt of written notification (this will be effective one week after receipt by First Ameritas).
- If you have any questions, please contact First Ameritas at 800.628.8889.

# authorization

## agreement for pre-arranged deposits



I authorize **First Ameritas Life Insurance Corp. of New York** (hereinafter the Company) to initiate deposit of my compensation check in my checking/savings account indicated below, and the named financial institution below to post the same to such account.

Depository Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type (check one):  Checking  Savings

Routing Number: \_\_\_\_\_ Account Type (check one):  Checking  Savings

PLEASE ATTACH A VOIDED CHECK  
(FOR SAVINGS ACCOUNTS, PLEASE ATTACH A DEPOSIT SLIP)

### DISCLOSURE

This authority is to remain in full force and effect until the Company has received a written termination notification from me. Said written termination notification must set out an effective termination date and must be received by the Company 30 days prior to the set termination date. In no event shall the termination be effective with respect to entries processed by the Company prior to the termination date set out in said notification.

I further authorize the Company to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto. I authorize the forenamed depository institution to accept and to credit or debit the amount of such entries to my account.

In the event that I identify an erroneous entry, I shall, within 15 calendar days following the date on which the depository institution sends to me a statement of account or a written notice pertaining to such entry, send to the depository institution a written notice identifying such entry. It will state that such entry was in error and requesting the depository institution to reverse the amount thereof to such account.

I have the right to stop payment of any entry by notification to the depository institution prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the operating rules of the National Automated Clearing House Association as amended by the rules of the Mid-America Payment Exchange, as now or hereafter in effect, and agrees to be bound thereby.

I understand that the Company is providing this pre-arranged deposit agreement without charge and that the Company will not be liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

Associate Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:

Input by: \_\_\_\_\_ Date: \_\_\_\_\_