

Commission Direct Deposit Request



**Zurich American Life
Insurance Company (ZALICO)**

Administrative Offices:
PO Box 19097
Greenville, SC 29602-9097
800/449-0523

In order to initiate the direct deposit of commission earned, the following information must be completed

Please Print

Agent/Agency Name

Date

Business Phone

Fax Number

Email Address

SSN/TIN

This account is (check one): Checking Account Savings Account

Account Name

9 Digit ABA Number

Account Number

Bank Name

City

State

Zip Code

To assist in sending a confirmation that your direct deposit request has been processed, please provide your business address information.

Name

Street/PO Box

City, State, Zip Code

Note: Please do not assume that your commission will be deposited into your account because you have direct deposit. Always check your commission statement to determine the amount deposited into your account. Allow at least 3 business days for direct deposit to be processed into your account.

Questions regarding this information can be directed to the Commission Department 847/449-0523.

Signature

Title

Mail to: Zurich American Life Insurance Company
Attention: Commission Department, PO Box 19097, Greenville, SC 29602-9097
(attach a voided or cancelled check from your banking institution)

Or Fax to: Zurich American Life Insurance Company, Commission Department 864/609-3961
You are responsible for ensuring all information is correct.