



DIRECT DEPOSIT OF COMMISSIONS

AUTHORIZATION AGREEMENT FORM FOR DIRECT DEPOSIT OF COMMISSIONS

I hereby authorize Unity Financial Life Insurance Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account. I will not hold the banks liable for any erroneous deposits or adjustments.

Name: Last First M.I.
(Please Print Clearly)

Address City State Zip Code

Agent Number (s)

Please Attach a Voided Check Here

Agent Signature

Date

Please return this to Unity Financial by:
Fax: 513-247-5040 or Email: agentservices@uflife.com

OFFICE USE ONLY:

Entry Code: \$CUFA PRENOTE DATE