National General
Accident & Health

Authorization for Automatic Deposit

This form will update account information associated to commissions processed by National General. To update direct deposit information for commissions you must complete the carriers direct deposit authorization form.

Agent or Agency Name	
Social Security Number or Tax ID Number	
Phone Number	Email Address
Please indicate transaction type: ☐ Set-Up ☐ Change ☐ Cancel	
Please indicate type of account: ☐ Checking ☐ Savings	
Name of Financial Institution:	
Bank—City, State, Phone Number:	
Routing Number:	
Account Number:	

I hereby authorize National General to initiate direct deposit of commissions and, if necessary, make corrections for any entries made to my account in error.

Agent Signature_____ **Date**_____

PLEASE INCLUDE A COPY OF A VOIDED CHECK