

# Group Commissions



## Authorization Agreement for Direct Deposits (ACH Credits)

Company Name \_\_\_\_\_ Social Security Number/  
Tax ID Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Producer Number \_\_\_\_\_

I (We) hereby authorize Mutual of Omaha and its affiliates, hereinafter called Company, to initiate credit entries to my (our)  Checking  Savings Account (check one) indicated below at the depositor financial institution named below, hereinafter called Depository, and to credit the same to such account.

Depository Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name \_\_\_\_\_  
(Please Print)

By \_\_\_\_\_  
Signature

Date \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Email to: [Group.Contracts@mutualofomaha.com](mailto:Group.Contracts@mutualofomaha.com)