

Agent's Direct Deposit Authorization

There are three easy ways to start, stop, or change direct deposit information...

1. Short on time? Let Voice Record On Demand (VROD) authorize your direct deposit. Contact the Customer Service Center at 800-462-3522 between the hours of 8:30 a.m. and 5:30 p.m. EST and select option
2. Fax the completed form to (706) 660-7299.
3. Mail the completed form to Field Compensation, 1932 Wynnton Road, Columbus, GA 31999-1131.

Remember ...

- Call your bank to verify that your payment has been deposited before making a withdrawal or writing a check.
- Notify Field Compensation immediately of any changes to your banking information.

Direct Deposit FAQs

- **How long does it take to set up my direct deposit?** Allow two business days once the information is processed.
- **Can I use direct deposit with my checking account?** Yes. You can also use direct deposit with your savings account.
- **Can I divide my commission among different accounts if I use direct deposit?** With direct deposit, you have the option of having your daily commission deposited into one account and your monthly commission deposited into another.

You can receive information on your last five payments by calling the IVR at 1-800-462-3522, Option 2.

Your Name 1234 Oak Anywhere USA	2008
	\$ <input type="text"/>
PAY TO THE ORDER OF _____	DOLLARS _____
FOR _____	
1 : 123456789 :	000123456789 ; ' 2008
Routing Number	Account Number

Remember ... The 9-digit number on a deposit slip is not a routing number. You can obtain the routing number from a check or from your financial institution

Please complete the information below:

1. I would like to **Start** **Change** direct deposit.
2. EFT Frequency: **Daily & Monthly** **Monthly** **Daily** **Other:** _____
3. Type: **Checking** **Savings** **Reloadable Debit Card**
4. **9-Digit Routing Number:** _____ **Account Number:** _____
5. Name of Financial Institution _____

Authorization Agreement for Direct Deposit

I authorize Aflac to initiate credit entries, and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization remains effective and in full force until Aflac receives written notification from me of its termination in such time and in such manner to afford Aflac a reasonable opportunity to act on it.

Printed Name : _____ Signature: _____ Date: _____

Writing No: _____ SSN/Tax ID: _____