

Commission Direct Deposit Request



Zurich American Life
Insurance Company (ZALICO)

Administrative Offices:
PO Box 64361
St. Paul MN 55164-0361
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 64361, St. Paul MN 55164-0361 (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.