

INVESTORS HERITAGE *Life Insurance Company*

PO BOX 717 | FRANKFORT KY | 40602-0717
PH: 800.422.2011 | FAX: 502.875.7084 | EMAIL: IHLIC@IHLIC.COM

REQUEST FOR ELECTRONIC BANKING

Investors Heritage Life Insurance Company offers direct deposit of commission and claim payments electronically into your bank account (ACH). Notification of each deposit will be made by email. Please allow at least 10 days for setup to be completed and electronic payment to begin. Return completed form by mail or fax to the attention of Agency Accounting. If you want commissions and claims deposited to different accounts, complete a separate form for each.

AGENT INFORMATION																					
Type of enrollment:	<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE TO EXISTING ENROLLMENT (CHECK ONE)																				
Type of payment to be deposited: (CHECK ONE OR BOTH)	<input type="checkbox"/> COMMISSIONS FREQUENCY OF COMMISSION <input type="checkbox"/> CLAIMS PAYMENTS (CHECK ONLY ONE):																				
	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY																				
Printed name of agent or company: _____																					
Business phone: _____	Business Fax: _____																				
Agent number(s): _____																					
Email address for electronic notification: _____																					
COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK (DEPOSIT TICKET NOT ACCEPTED.)																					
Name of bank: _____																					
Bank or branch address: _____																					
Account number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>																				
Routing number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>																				
	Account Type: <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																				
See image below to locate account and routing numbers on your check.																					

I hereby authorize Investors Heritage Life Insurance Company ("Company") to credit the above referenced account. This authorization is to remain in force until the Company has received written notification of termination in such time and in such manner as to afford the Company and/or the bank(s) a reasonable opportunity to act on it. If funds to which I am not entitled are deposited to my account, I authorize the Company to direct the bank to return said funds.

SIGNATURE: _____

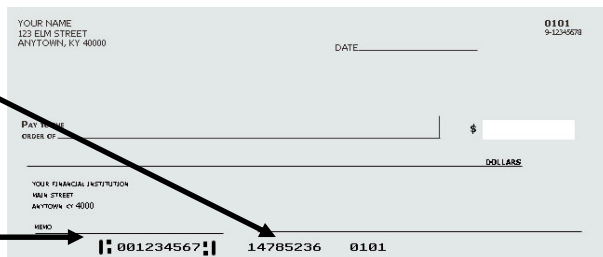
DATE: _____

PRINTED NAME: _____

TITLE: _____
(IF BUSINESS ACCOUNT)

ACCOUNT NUMBER

ROUTING NUMBER



Home Office Use Only	
Vendor #	_____
Agent #(s)	_____

