



Please check all that apply:

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

**DIRECT DEPOSIT OF COMMISSIONS  
AUTHORIZATION AGREEMENT  
(Required Form)**

- I (we) hereby authorize the Company to *initiate* credit/deposit entries to my (our) account indicated below, and the depository institution named below to credit the same to such account.
- I (we) hereby request a *change* to my (our) existing direct deposit as indicated below.

Note: To avoid delays in processing your appointment, **a voided check must accompany this request.** Please allow 5 business days for EFT processing to become effective.

Frequency:    Daily             Weekly             Bi-weekly             Monthly

INDIVIDUAL AGENT INFORMATION - Please print or type		
Primary Name on Account	Social Security or Tax ID Number	Agent #
Address	City, State	Zip Code
Secondary Name on Account (Optional)	Phone Number	
DEPOSITORY INFORMATION - Please print or type		
Depository Name	Depository Address	Depository Phone Number
Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit/ABA Number

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) to discontinue direct deposit. Please allow 15 business days for processing of EFT discontinuation. This authorization may not be used to assign commissions and will not constitute a commission assignment. If you want to assign your commissions, please use form X2619207NW.

Attach a voided check and e-mail, fax or mail to:

Great American Financial Resources  
P.O. Box 5420  
Cincinnati, Ohio 45201-5420  
Attn: Contracting  
**E-mail: GafriLicensing@gafri.com**  
**Fax: (513) 412-5144**

\_\_\_\_\_  
Signature of Primary Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail Address (**Required**)

\_\_\_\_\_  
Signature of Secondary Account Holder (optional)

\_\_\_\_\_  
Date