

Receive Your Commissions Faster With

DIRECT DEPOSIT

Please Complete the Following for Your Checking Account. Please Print

Financial Institution

Branch

Account Number

Routing Number

City

State

Zip Code

I authorize Continental General Insurance Company to initiate credit entries, and adjustments for any credit entries in error. This authorization will remain in effect until I have cancelled it in writing. I understand that my commission checks will be directly deposited at the above financial institution. I understand that commission statements will continue to be mailed on the 10th of each month and "Statement of Earning" information cannot be given over the phone.

Print Name of Agent/Agency Officer/Assignee

Signature of Agent/Agency Officer/Assignee

Print Agent's Name

Agent's Number

Date

Form DIRDEP

SEC-0008 R3/2/04