



Electronic Fund Transfer

Constitution Life will deposit your check directly to your bank account! We make the deposit according to the current Commission Deposit Schedule. Below is an authorization form so that you may sign up for this service. Just complete the form and mail it back to our Commissions Department.

Fund Transfer Authorization

I (We) do hereby authorize the deposit of all commission payments due me (us) to my (our) checking account indicated below and the Depository Financial Institution named below to credit the payment(s) to such account by Constitution Life Insurance Company.

Account Number: _____

Financial Institution Name: _____

City: _____ State: _____

I (We) reserve the right to revoke and cancel this authorization, such revocation and cancellation to take effect upon written notice received at the office of Constitution Life Insurance Company within reasonable time to act on such notice.

Date

Agent Number

Agent Signature

Please complete and mail or fax to:

Constitution Life Insurance Company
ATTN: Commission Accounting
P O Box 3509
Orlando, Florida 32802
Fax: 407-628-2546



Attach Voided Check Here
(Deposit slips are NOT Acceptable)