

**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.

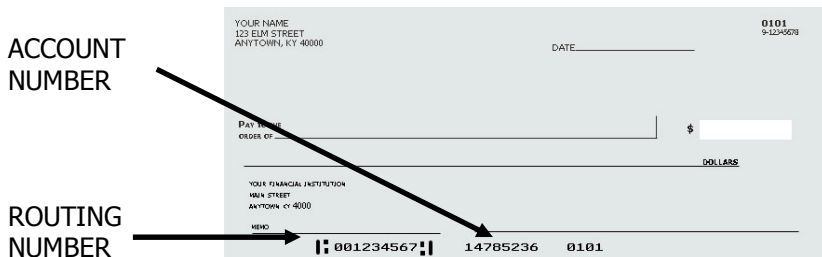
AGENT INFORMATION			
<b>Type of enrollment:</b>	<input type="checkbox"/> NEW ENROLLMENT	<input type="checkbox"/> CHANGE TO EXISTING ENROLLMENT	<b>(CHECK ONE)</b>
<b>Type of payment to be deposited:</b> (CHECK ONE OR BOTH)	<input type="checkbox"/> COMMISSIONS	<input type="checkbox"/> CLAIMS	
	<b>FREQUENCY OF COMMISSION PAYMENTS (CHECK ONLY ONE):</b>		<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
<b>Printed name of agent or company:</b> _____			
<b>Business phone:</b> _____		<b>Business Fax:</b> _____	
<b>Agent number(s):</b> _____			
<b>Email address for electronic notification:</b> _____			

COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK (DEPOSIT TICKET NOT ACCEPTED.)			
<b>Name of bank:</b> _____			
<b>Bank or branch address:</b> _____			
<b>Account number:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Routing number:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Account Type:</b>	<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.

<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>PRINTED NAME:</b> _____	<b>TITLE:</b> _____
	(IF BUSINESS ACCOUNT)



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