Authorization Agreement for Electronic Fund Transfer (EFT)

OneAmerica® Financial

American United Life Insurance Company® a OneAmerica Financial® company
One American Square, P.O. Box 368, Indianapolis, IN 46206-0368 • 1-877-999-9883, option 5 • *salescompforms@oneamerica.com*

If you are licensed with OneAmerica Financial® and are changing or setting up EFT for the first time, return this form to *salescompforms@oneamerica.com*.

If you are not currently appointed with OneAmerica Financial, include this form in your contract to Licensing.

If you are a OneAmerica Securities, Inc. Registered Representative, commissions cannot be paid to a corporate account, they must be paid to an individual account.

If you are a Retirement Services broker or an Employee Benefits producer, compensation cannot be paid to an agency if your commissions are paid to you direct.

Reason for Submission ☐ New Request ☐ Change Banking Information	**Type of Account** ☐ Personal/Individual Account ☐ Business Account
Taxpayer Name	DBA Must Reflect on Insurance License
Email *(used for payment confirmations)*	
Social Security/Tax ID Number of Paid Entity *(last four digits)*	Producer Number

Account One *(please print)*		
Depository Institution Name		
City	State	ZIP Code
Type of Account *(check one)* ☐ Checking ☐ Savings	Transit/ABA Bank Number *(9 digits)*	Account Number *(up to 17 digits)*
Name(s) on Account		

I hereby authorize American United Life Insurance Company,® hereinafter called the Company, to initiate credit entries to my account(s) in the Depository Institution(s) to accept and to credit the amount of such entries to my account(s).

This authority is to remain in full force and effect until the Company has received written notification of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to the receipt of notice of termination.

The undersigned hereby agree that all entries initiated hereunder are to be governed in all respects by the rules of the National Automated Clearing House Association (NACHA) and agree(s) to be bound thereby.

Agent/Broker/Advisor/TPA Signature or Authorized Signor	Date

C-32296 12/11/24