



## BANKING INFORMATION FOR US TO DEPOSIT YOUR COMMISSION PAYMENTS

Consumer Authorization for Direct Deposit VIA ACH

Idaho Life, LLC

I hereby authorize Idaho Life, LLC (“Company”) to electronically credit my bank account (and, if necessary, to electronically debit my (our) account to correct erroneous credits\*) as follows:

Select one:

Checking Account

Savings Account

At the depository financial institution named below (“DEPOSITORY”). I agree that ACH transaction I authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name(s) on the Account \_\_\_\_\_

I understand that this authorization will remain in full force and effect until I notify Idaho Life, LLC in writing at [aaron@idaholife.com](mailto:aaron@idaholife.com) or by phone at (208) 921-2195 that I wish to revoke the authorization. I understand that Idaho Life requires at least 5 days prior notice in order to cancel this authorization\*\*.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

*\*The NACHA Operating Rules do not require the consumer’s express authorization to initiate Reversing Entries to correct erroneous transactions. However, Originators should consider obtaining express authorization of debits or credits to correct errors.*

*\*\*Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner stated in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide Idaho Life, LLC a reasonable opportunity to act on it (e.g., “In writing by email that is received at least three (5) days prior to the proposed effective date of the termination of authorization”).*