



Principal Life Insurance Company | Princor Financial Services Corporation | **Authorization Agreement for Direct Deposit**

Fax: 1-515-248-8021      Mail to: Individual Support Team, A-003-N10      Questions: 1-800-388-4793  
Marketer Services  
Principal Financial Group  
Des Moines, IA 50392-0470      Marketer Services

Please complete this form to authorize us to deposit your net compensation earnings directly into your financial institution account ("Bank"). Investment brokerage accounts not accepted if a debit cannot be processed.

This represents: ☐ New Enrollment ☐ Change of Account ☐ Change of Bank

Producer's Name \_\_\_\_\_ Tax ID Number (SSN or EIN) \_\_\_\_\_ Statement Code(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Information**

☐ **Principal Bank** Routing Number for Principal Bank 073922623  
(Contact (800) 986-3343 for an application to open a New Account) Account Number \_\_\_\_\_

OR

Bank Name \_\_\_\_\_ Bank Phone Number ( ) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ **Checking Account** Bank's Routing & Transit Number \_\_\_\_\_  
\*Account Number \_\_\_\_\_

OR

☐ **Savings Account** Bank's Routing & Transit Number \_\_\_\_\_  
\*Account Number \_\_\_\_\_  
(Example of bank information on attached sheet)

**Authorization Agreement for Direct Deposit**

I hereby authorize Principal Life Insurance Company (or Princor Financial Services Corporation if a registered representative) to:

- deposit or credit my compensation earnings for amounts as it applies to your minimum requirements. Contact the phone number below for current minimum requirements. Amounts less than the minimum will accumulate until the minimum is reached and will be deposited or credited at the next pay date.
- it is understood that the deposit(s) will not begin until my bank has completed its prenotification, which can take a minimum of two weeks. (Prenotification does not apply to Group or Pension business.)
- if necessary, initiate adjustments to correct any credit entries made in error to my account.

This authority is to remain in effect until revoked by me in writing and received by Principal Life Insurance Company or by Princor Financial Services Corporation at its home office at 711 High Street, Des Moines, IA 50392-0470. I understand either Company reserves the right to amend or terminate this agreement at any time.

Producer (Registered Rep) Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone No. ( ) Home No. ( ) Fax No. ( )

**NOTE:** Please include one of the following with this signed form; a Voided Check from your Checking Account or a Deposit Slip from your Savings Account.