



The Prudential Insurance Company of America
PO BOX 1143
Minneapolis, MN 55440-1143
(800) 286-7745
www.prudential.com

I authorize Prudential to deposit compensation payments directly to the Account named below when appropriate. This authorization shall remain in full force and effect until Prudential has received, and has reasonable opportunity to act upon, the written notification from me of its termination. (Please allow 1-2 pay cycles for processing).

I authorize the Company to adjust this account for any funds erroneously credited by the Company.

Name: _____

Social Security or Tax Identification Number: _____

Contract Number: _____

Bank Name: _____

Bank Street Address: _____

City, State and Zip Code: _____

Bank Branch Number: _____

Check One:

☐ Checking - Attach a voided or canceled check indicating bank's name and address (photocopies acceptable).

Checking
Account Number: _____

☐ Savings - Attach a deposit slip indicating the bank's name and address (photocopies acceptable).

Savings
Account Number: _____

Bank Transit
Routing Number: _____
(9 -digits)

Signature: _____

Date: _____

Please return completed form using one of the following:

Fax:
(888) 517-8362

U.S. Mail:
The Prudential Insurance Company of America
Prudential Brokerage Compensation
Post Office Box 1143
Minneapolis MN 55440 - 1143

Intra - company Mail:
Prudential Brokerage Services Division
Producer Compensation & Administration
1st Floor
NCPO
A Prudential business