



NATIONWIDE COMMISSION ACH PAYMENT FORM

To receive your commission payments via ACH, please complete the following information:

Distributor/Sub-Distributor Name: _____

Life Commissions

Bank Name: _____

ABA #: _____

Account #: _____

Account Type: Checking Savings
(Please circle)

**Distributor's/Sub-Distributor's
Signature:** _____

**Name &
Title:** _____

Date: _____

**Contact
Name:** _____

**E-mail
Address:** _____

Phone #: _____

Please fax completed form to 614-435-1176.

****To assure accuracy, please include a voided check with this form****