Principal Life Insurance Company
Principal National Life Insurance Company
Princor Financial Services Corporation
Members of Principal Financial Group®
Principal Financial Group, Des Moines, IA 50392-0001

Authorization Agreement for Direct Deposit

Fax: 1-866-321-1474	**Mail to:** Marketer Services Operation Services Team, A-003-S43 Principal Financial Group Des Moines, IA 50392-0470	**Questions:** 1-800-388-4793 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 are not accepted if a debit cannot be processed.

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

Name _____ **Tax ID Number** (SSN or EIN) _____ **Statement Code(s)** _____

Account Information

☐ Checking Account Bank's Routing & Transit Numbers _____
*Account Number _____
Voided check required in order to process.

OR

☐ Savings Account Bank's Routing & Transit Numbers _____
*Account Number _____
(Example of bank information on attached sheet)
Deposit slip required in order to process.

OR

☐ **Princor Cash Management Account** Account Number _____

Authorization Agreement for Direct Deposit

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

- deposit or credit my compensation earnings subject 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 then 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, Principal National Life Insurance Company, or Princor Financial Services Corporation at Marketer Services, Operations Services Team A-003-S43, Principal Financial Group, Des Moines, IA 50392-0470. I understand either party reserves the right to amend or terminate this agreement at any time.

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.