Authorization Agreement for Direct Deposit of Regular Compensation Payments

- *To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.*
- *Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).*

Producer Name	Producer Code (if known)	Sales Office Name

Payee's SSN / Tax ID	

Primary Bank Information

Bank Name	
Bank Address	
Bank Telephone Number	- -
Transit/Routing Number	
Payee's Account Number	

☐ **Checking** (attach a check marked **VOID**)

☐ **Savings**

If two accounts, indicate: % net pay **or** $ amount _____ for the primary account.

Secondary Bank Information ***(N.B. if this is the same bank as above, only complete the account information)***

Bank Name	
Bank Address	
Bank Telephone Number	- -
Transit/Routing Number	
Payee's Account Number	

☐ **Checking** (attach a check marked **VOID**)

☐ **Savings**

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

1) credit entries to my/our bank account(s) indicated above;
2) any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

Signature of Account Holder	*Signature of Joint Account Holder*	*Date*