



American Equity Investment Life Insurance Company®
 P.O. Box 71216, Des Moines, IA 50325
 888-221-1234
 www.american-equity.com
 Fax 515-222-5952

AUTHORIZATION AGREEMENT

For Pre-Authorized Payments (Credits)

I (We) hereby authorize American Equity Investment Life Insurance Company®, hereinafter called The Company, to initiate credit entries, electronically, by paper means or by any other commercially accepted method, to My (Our) checking/saving account indicated below and the financial institution named below, hereinafter called Financial Institution, to credit the same such account.

FINANCIAL INSTITUTION	BRANCH	
CITY	STATE	ZIP
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

I (we) hereby authorize the Company to send My (Our) commission statements electronically to the email account indicated below.

E-MAIL ADDRESS

This authorization is to remain in full force until The Company and Financial Institution have each received written notification from me (or either of us) of its termination in such time and in such manner as to afford The Company and Financial Institution a reasonable opportunity to act on it.

NAME(S)	AGENT NUMBER(S)	DATE
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE	
X	X	

IMPORTANT: ATTACH VOIDED PERSONAL CHECK BELOW ▼

*Please note: Simply depositing your funds in a corporate or agency account will not result in the 1099 being issued to the corporation or agency. Please contact Agency Services at 888-221-1234 for more information.