

**MOUNTAIN LIFE INSURANCE COMPANY**  
**DIRECT DEPOSIT FORM**



NOTE: The commission deposits are made on the 10th of each month. If the 10th is on a weekend or holiday, the deposit will be made on the last working day before the weekend or holiday.

NAME OF PAYEE (LAST, FIRST, MIDDLE INITIAL) OR ENTITY NAME	TYPE OF DEPOSITOR ACCOUNT (CHECKING, SAVINGS, ETC.)
ADDRESS (STREET, ROUTE, P.O. BOX)	NAME OF DEPOSITOR BANK
CITY, STATE, ZIP	DEPOSITOR ACCOUNT NUMBER
TELEPHONE NUMBER, EMAIL ADDRESS	DEPOSITOR ROUTING NUMBER
<b>PAYEE CERTIFICATION</b> I certify that I am entitled to or authorized to direct the payment identified above, and that I have read and understood this form. I authorize the payment of commissions to be sent to the financial institution named above to be deposited to the designated account.	
Signature _____	Title _____ Date _____

**MLIC-ACCT-0608-DDF**