

**DIRECT DEPOSIT
AUTHORIZATION AGREEMENT
FOR COMMISSIONS**

I hereby authorize Trustmark Life Insurance Company or Starmark to initiate credit entries to my account indicated below, and the financial institution named below to credit the same entries to such account. I understand neither Trustmark nor Starmark have authorization to debit my account for any reason. I further understand I assume responsibility for any service charges or fees imposed by my financial institution for direct deposits.

This authorization will remain in effect until Trustmark or Starmark receives written authorization for cancellation.

Name _____

Social Security or Tax Identification Number _____

E-mail address _____

Name as it appears on account _____

Financial institution _____

City _____ State _____ ZIP code _____

ABA routing no. _____ Account no. _____

Checking Savings New request Information change

Signature _____ Date _____

Trustmark or Starmark initiates the transfer of funds on the first working day of the month. There may be a two- to four-day processing time for your financial institution to credit your account. Please check with your financial institution for their specific processing times and to verify the ABA routing number that appears on your check is the same number to use for electronic funds transfers (EFT). Changes to your banking information must be reported to the Licensing and Commissions department, in writing, by the 20th of the month to avoid returned funds.

Return completed form to: Trustmark/Starmark
 Licensing and Commissions
 800.522.1246, ext. 33485
 Fax: 847.615.3126
 E-mail: C&L@starmarkinc.com