



Payee Name: _____

Social Security or TIN Number: _____ Phone No: _____

Fax to: 513-595-2887 or Email: corpdd@ameritas.com

I authorize the Ameritas (hereinafter the Company) to electronically deposit my "PAYCHECK" directly into the financial institution(s) of my choice as specified below. I have specified a fixed amount if providing more than one account. It is my understanding that my earnings advice will electronically post to Producer Workbench or Employee Self Service and that my funds will be available for use on payday. I also authorize the Company to withdraw electronically from my account(s) any sum credited in error.

This authorization will remain in effect until the Company receives written notice of its revocation and has adequate time to process the appropriate transactions.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Operating Rules of the National Automated Clearing House Association as amended by the Rules of the Mid-America Payment Exchange, as now or hereafter in effect, and agrees to be bound thereby.

I understand that the Company is providing this without charge, and that the Company will not be held liable for any claims or damages arising, directly or indirectly, from this deposit arrangement.

Signature: _____ Date: _____

*** (A voided check(s) or statement containing pertinent banking information, such as bank transit number and bank account number must be attached to this request.)**

NOTE TO REGISTERED REPRESENTATIVE: Broker Dealer commissions can only be paid to one account. All securities commissions will be paid to the account listed as Deposit Number 1. Payments cannot be made to a corporation or partnership account. Ameritas may require verification of the individual ownership by the registered representative of the account.

ACCOUNT TYPES: (c) Checking (s) Savings

DEPOSIT NUMBER 1

Bank Name _____
Account Number _____ Account Type _____
Bank Transit Number _____

DEPOSIT NUMBER 2

Bank Name _____
Account Number _____ Account Type _____
Fixed Amount _____
Bank Transit Number _____

DEPOSIT NUMBER 3

Bank Name _____
Account Number _____ Account Type _____
Fixed Amount _____
Bank Transit Number _____

PAYROLL USE ONLY:	Prepared by _____	Date _____	Input by _____	Date _____	Verified by _____	Date _____
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