



Principal Life Insurance Company
Principal National Life Insurance Company
Princor Financial Services Corporation
Members of Principal Financial Group®
 Principal Financial Group, Des Moines, IA 50392-0001

**Authorization Agreement
for Direct Deposit**

Fax: 1-866-321-1474	Mail to: Marketer Services Operation Services Team, A-003-S43 Principal Financial Group Des Moines, IA 50392-0470	Questions: 1-800-388-4793 Marketer Services
Email: directdepositchanges@principal.com		

Please complete this form to authorize us to deposit your net compensation earnings directly into your financial institution account ("Bank"). Investment brokerage accounts are not accepted if a debit cannot be processed.

This represents: New Enrollment Change of Account Change of Bank
 Business lines to be updated: Check all that apply Principal Life / Principal National Life Princor Financial Services

Name	Tax ID Number (SSN or EIN)	Statement Code(s)
_____	_____	_____
_____	_____	_____

Account Information

Checking Account Bank's Routing & Transit Numbers _____
 *Account Number _____
 Voided check required in order to process.

OR

Savings Account Bank's Routing & Transit Numbers _____
 *Account Number _____
 Deposit slip required in order to process.

OR

Principal Funds Inc, Money Market

Routing Number _____

Principal Funds Inc, Money Market Fund Account Number* _____

**(Please provide the number that is on the MICR line of your checks.)*

Authorization Agreement for Direct Deposit

I hereby authorize Principal Life Insurance Company, Principal National Life Insurance Company, or Princor Financial Services Corporation (if a Princor registered representative) to:

- deposit or credit my compensation earnings subject to your minimum requirements. Contact the phone number below for current minimum requirements. Amounts less than the minimum will accumulate until the minimum is reached and then will be deposited or credited at the next pay date.
- if necessary, initiate adjustments to correct any credit entries made in *error* to my account.

This authority is to remain in effect until revoked by me in writing and received by Principal Life Insurance Company, Principal National Life Insurance Company, or Princor Financial Services Corporation at Marketer Services, Operations Services Team A-003-S43, Principal Financial Group, Des Moines, IA 50392-0470. I understand either party reserves the right to amend or terminate this agreement at any time.

Signature _____ **Date** _____

Business Address _____

Business Phone No. (____) _____ **Home No.** (____) _____ **Fax No.** (____) _____

NOTE: Please include one of the following with this signed form; a Voided Check from your Checking Account or a Deposit Slip from your Savings Account.