



Direct Deposit Commission Enrollment Form

Attach a voided check and return this enrollment form to: **CNA, Attn. Centralized Accounting**
P.O. Box 305153, Nashville, TN 37230
Or fax to: 615-871-1708

Agent / Agency Information

Provide us with the name(s) and number(s) under which **YOU** are paid:

Individual agent name

U.S. Social Security no. or ID Number (CNA International)

Or

Agency name

U.S. Tax I.D. no. or ID Number (CNA International)

(If you are paid under both your name and under an agency name, fill out both above.

Life producer LTC producer Investment products producer

International producer*

Phone number

Bank Account Information

Name of financial institution and branch (if any)

Institution's address and phone

Bank routing number

Checking account number

Other types of accounts are not eligible at this time. Only one checking account please. Account must be in a U.S. Bank.

As a convenience to me, I hereby request and authorize Continental Casualty Company, Continental Assurance Company, Valley Forge Life Insurance Company and/or, CNA International Life Company, SPC, Ltd ("CNA") to initiate commission deposits to my bank account shown and the financial institution named to credit the same to my bank account. Further, in the event of an erroneous deposit by CNA, I agree that CNA shall be authorized to remove such funds deposited in error. However, the recovery of an erroneous deposit shall be expressly limited to the amount of such deposits and corresponding interest, if any, shall be credited by my financial institution. I understand that CNA shall not, in any event, be held liable for any consequential, incidental or exemplary damages as a result of an erroneous deposit.

This authority is to remain in full force and effect until CNA has received written notification to the contrary from me. I understand that any changes to my authorization may take up to 30 days to take effect.

I understand that I must meet certain eligibility requirements in order to participate in this program and that CNA reserves the right to discontinue or decline to honor this authorization at any time for any reason. I understand and expressly agree that any deposits made under this authorization are as an accommodation to me by CNA.

Signature of agent/agency
(Signature required)

Date

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Incomplete forms will NOT be processed.