

If you would like to receive your commissions as a direct deposit, please complete the following form, attach a voided check (checking account) or deposit slip (savings account only) and return to:

CompBenefits  
Attn: Caps and Commissions  
100 Mansell Court East, Suite 400  
Roswell, GA 30076

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**COMPBENEFITS DIRECT DEPOSIT**  
**AUTHORIZATION**

Please provide the authorization information requested below. On or about the first of each month you will receive a commissions statement showing funds that **have been deposited** to the account of your choosing.

Name of Financial Institution: \_\_\_\_\_

Type of account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Account No.: \_\_\_\_\_

Financial Institution Routing No.: \_\_\_\_\_

I authorize CompBenefits to credit my account with the financial institution named below.

\_\_\_\_\_  
Signature Date

Please attach a voided check (checking account) or deposit slip (savings account only) below.

CompBenefits Family of Companies  
CompBenefits Company, CompDent, Vision Care, Inc., CompBenefits Insurance Company,  
Oral Health Services, Inc., American Dental Plan of North Carolina, Inc., National Dental Plans, Inc.,  
OHS of Alabama, Inc., American Dental Plan of Georgia, Inc., Texas Dental Plans, Inc., Ultimate Optical, Inc.