



## DIRECT DEPOSIT AUTHORIZATION

PLEASE TYPE OR PRINT – 1891 FINANCIAL LIFE IS NOT RESPONSIBLE FOR DRAFTS WHICH ARE NOT HONORED.

Payee Name: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

### Certificate Information

Insured Name: \_\_\_\_\_

Certificate Number: *(if existing account)* \_\_\_\_\_

### Savings Account

#### FOR A SAVINGS ACCOUNT, INCLUDE THE FOLLOWING:

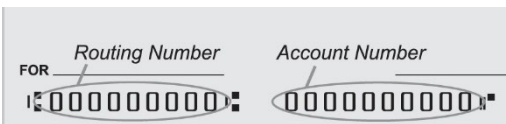
Letter from bank with account holder's name, bank routing number, and account number.

### Checking Account

#### FOR A CHECKING ACCOUNT, INCLUDE THE FOLLOWING:

A voided blank check with account holder(s) name imprinted on the check or letter from your bank.

Checking       Savings



ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BANK / BRANCH NAME \_\_\_\_\_ BANK PHONE NO. \_\_\_\_\_

### Authorization Statement

By signing the Direct Deposit Authorization below, I agree to the following:

- If proceeds to which I am not entitled are deposited to my account, I authorize 1891 Financial Life to direct the bank to return said funds to 1891 Financial Life.
- I understand that it is my responsibility to ensure that proceeds are being deposited correctly into my account.
- I understand that each new account will go through a pre-notification process.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**