



DIRECT DEPOSIT AUTHORIZATION

PLEASE TYPE OR PRINT – 1891 FINANCIAL LIFE INSURANCE 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:

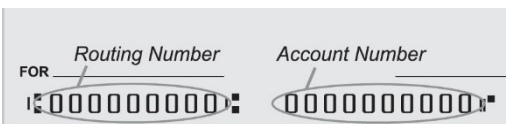
Letter from bank with account holder's name, bank routing number, and account number.

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 Insurance to direct the bank to return said funds to 1891 Financial Life Insurance.
- 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