



DIRECT DEPOSIT AUTHORIZATION – MONTHLY ONLY

RECIPIENT INFORMATION

Name: _____

Address: _____

Email Address: _____

Certificate #: _____ Phone #: _____

Amount to Be Deposited: _____ Less FIT Withheld: _____

Check here if you are an Agent: Agent's Name: _____ Agent #: _____

BANK INFORMATION

Bank Name: _____ Phone #: _____

Address: _____

Routing #: _____ Account #: _____

Checking ***Please attach a voided check if depositing into a Checking Account***

Savings

Payments are deposited on the 3rd business day of the month

AUTHORIZATION

I am entitled to receive payments under the annuity contract designated above. I authorize the National Slovak Society to make all payments due to me under this policy by direct deposit to the bank account designated above. This authorization shall be effective until written notice is sent from me to the contrary.

To correct overpayments credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and refund such overpayment to the National Slovak Society of the USA at its sole request.

Signature of Owner: _____ Date: _____