



Authorization Agreement for Direct Deposit

Policy Number: _____ Insured: _____
Policy Owner: _____ Policy Owner DOB: _____
Policy Owner: _____ Policy Owner DOB: _____
Policy Owner: _____ Policy Owner DOB: _____

Depository Institution: _____

Institution Address:

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

Special Instructions: _____

Account Type Checking Savings Others _____

*******Please include a voided check or copy of a voided check*******

I hereby authorize ACH credit entries to the account in the “Depository Institution” named above and authorize the depository institution to accept and to credit the amount of such entries to this account. If funds are deposited to this account in error, the Customer authorizes U.S. Financial Insurance Company to direct the bank to return said funds. This authorization is to remain in full force and effect until written notification is received from the Company of its termination in such time as to afford U. S. Financial Insurance Company a reasonable opportunity to act on it

Signature / Date: _____

Name of Authorized Signer: _____

Phone Number / Email Address: _____