



Direct Deposit Authorization Agreement

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS) AND DIRECT DEPOSIT OF ANNUITY PAYMENTS

Company Name: Woman's Life Insurance Society

ID Number: _____

(Company Use)

I hereby authorize Woman's Life Insurance Society, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account as indicated below. Furthermore, I authorize the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository Name _____

City _____ State _____ Zip _____

Transit/ABA Number

--	--	--	--	--	--	--	--	--	--

ACH Format Account Number _____

Check One: Checking Account Savings Account

(Please attach void check or deposit slip for verification of numbers indicated above.)

I also authorize COMPANY to deposit the full amount of my monthly annuity payment by credit entry to the above described account and depository.

This authority is to remain in full force and effect until COMPANY has received written notification from me or its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PAYEE'S PRINTED NAME _____

PAYEE'S SIGNATURE _____ DATE _____