



DIRECT DEPOSIT AUTHORIZATION

RECIPIENT INFORMATION

Name: _____

Address: _____

Certificate #: _____

Phone: (____) _____ - _____

Amount To Be Deposited: _____

Less FIT Withheld: _____

Check here if you are an Agent:

Agent's Name: _____

BANK INFORMATION

Bank Name: _____ Phone: (____) _____ - _____

Address: _____

Routing #: _____ Account #: _____

- Checking *Please attach a voided check if depositing into a Checking Account.*
- Savings

--Specified amount/settled payments will be deposited on the 1st business day each month.

--Interest payments will be deposited on the 2nd business day each 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: ____ / ____ / 20____