

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form to allow Lumico to deposit payments directly to your financial institution:

- Add Direct Deposit
- Change Direct Deposit
- Terminate Direct Deposit*

*I hereby request Lumico to terminate direct deposit of claim payments

PAYEE INFORMATION

Full name		
Billing address		
City	State	Zip
SSN	Claim number (if known)	

FINANCIAL INSTITUTION INFORMATION

Bank name	Type of account
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing number	Account number

I authorize Lumico Life Insurance Company to initiate credit entries and, if necessary, debit entries and adjustments to any credit entries made in error to my account, with the financial institution indicated. The financial institution is authorized by me to credit or debit my account for the amount of those entries. This authorization is to remain in effect until Lumico has received written notification from me of its termination in such time and in such manner as to afford Lumico a reasonable opportunity to act on it.

Print full name	
Signature	Date