

Direct Deposit Authorization Form – Life Claims

Complete this form to receive payable life insurance benefits via direct deposit.

Payee Information

Your Full Name

Your Mailing Address

Your Phone Number

Banking Information

To set up a new direct deposit account, fill out the information below. **You are also required to include documentation that verifies your ownership of the account.** Accepted forms of verification include a voided check, a direct deposit slip, an account verification letter on the bank's official letterhead, a bank statement, or a screenshot of your mobile banking account. A picture or scanned version of the above items are allowed.

Bank Name

Routing Number

Account Number

Account Type

- Checking
 Savings

I acknowledge that proof of account ownership is required to complete my direct deposit request, which I have enclosed with this form.

MEMO _____

1: 123456789 1: 1234567890 1234

Routing Number Account Number Check Number

Your Signature

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.

Your Signature

Date