

Authorization for Electronic Funds Transfer



Catholic
Financial Life

P.O. Box 3211
Milwaukee WI 53201-3211

414-273-6266 Telephone
414-223-3201 Fax
800-927-2547 Toll-Free

For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Instructions

- 1.) Please complete the following form to change the account where money is deposited from annuitization income and/or scheduled annuity payments from Catholic Financial Life annuity certificates.

After completing, please print the form for your dated signature.

- 2.) When returning the form, **please include a blank, voided check or deposit slip**. The paperwork can then be submitted by:
 - a. Mailing to Catholic Financial Life at the above address.
 - b. Faxing to: (414) 223-3201.
 - c. Emailing to service@catholicfinanciallife.org (along with the voided check or deposit slip).

Certificate/Contract Number: _____ Owner: _____

Certificate/Contract Number: _____ Owner: _____

I/We hereby request the privilege of receiving annuity income payments from Catholic Financial Life, Milwaukee, WI under the Society's Electronic Funds Transfer plan and hereby authorize the Society to deposit funds into the account of:

Name: _____
(Name as shown on account- If joint account both signatures are required below. NOTE: This should agree with bank signature)

Name of financial institution: _____

Located in: _____ (City and State) _____ (Branch) _____ (Routing number)

Is this a (check only one):

Checking Account #: _____

or

Savings Account #: _____

Subject to the following conditions:

1. All payments shall be credited to the above named account.
2. This authorization will remain in effect until Catholic Financial Life receives 7 days written notice of revocation or change from the above listed owner or responsible party.

To correct any overpayments credited to my account during or after my lifetime, I hereby authorize the above designated bank to debit my account and refund any such overpayment to Catholic Financial Life.

Date: _____ (Signature of owner) _____ (If joint account, other signature)

IMPORTANT: INCLUDE A VOIDED BLANK CHECK OR DEPOSIT SLIP