



DIRECT DEPOSIT ENROLLMENT FORM

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM

To have your payments sent directly to your bank account, complete this form.

SECTION 1 – Account Information

Annuity or IRA Contract Number: _____

Name: _____ Social Security #: _____

Email: _____ Phone: _____

SECTION 2 – Payment

You **MUST ATTACH A VOIDED CHECK or SAVINGS ACCOUNT STATEMENT** with owner named on the bank account. By selecting Direct Deposit, you authorize FCSU Financial to initiate credit and, if necessary, debit corrections to the specified account. **Note:** We cannot obtain acceptable banking information from deposit slips.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #: Bank Acc.#:

SECTION 3 – Pre-Authorization Agreement

I authorize FCSU Financial® to initiate deposits and, if necessary, withdrawals to correct erroneous deposit entries to my account listed above. I agree to inform FCSU Financial in writing of any changes to my account or my intent to terminate this authorization at least fifteen (15) days prior to the next scheduled payment date. If the payment dates fall on a weekend or holiday, I understand that the payments may be processed on the following business day. I acknowledge that this ACH shall remain in full force and effect until FCSU Financial has received notice of termination from me (Section 3).

SECTION 4 – Termination of Pre-Authorization Charge Notice

I hereby direct FCSU Financial to cancel my Direct Deposit Enrollment Form (ACH). Such notice must be provided in a manner and timeframe that allows FCSU Financial and the Depository a reasonable opportunity to process the termination (at least fifteen (15) days prior).

SECTION 5 – Signatory Acknowledgement

By signing below, I confirm that I have read, understand and agree to the terms specified in this pre-authorization agreement.

Signature

Date