



Direct Deposit Request

NOTE: TO USE THIS SERVICE YOU MUST HAVE AN ACTIVE ACCOUNT WITH YOUR NAME AT A BANK OR CREDIT UNION

Instructions

Complete and sign the Authorization Agreement Information Section.
Complete the Direct Deposit section.
Attach a withdrawal form or VOIDED check to this form. **Deposit slips are NOT acceptable.**
Return this to Leaders Life Insurance Company.

Authorization Agreement

Name: _____ Social Security Number: _____ - _____ - _____

I hereby authorize Leaders Life Insurance Company (hereinafter called Company) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution listed below (hereinafter called Bank). Further, I authorize the Bank to accept and to credit any entries indicated by Company to my account. In the event the Company should deposit funds into my account by error, I authorize the Company to debit my account or an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in a manner and time that affords the Company and the Bank a reasonable opportunity to act on it.

Signature: _____ Date: ____/____/____

IMPORTANT NOTE: The Company cannot guarantee at what time the deposit will be credited to your account. It is your responsibility to verify deposit and availability of funds with your bank. The Company cannot be liable for your return check charges.

Deposit Information

Deposit my funds to the following account:

NOTE: If you opt for Direct Deposit, 100% of your fund must be deposited. Paper checks cannot be issued in combination with Direct Deposit.

Checking
Bank Name (Checking)

Savings
Bank Name (Savings)

(Attach voided check below)

(Attach pre-printed withdrawal form)

Signature: _____ Date: ____/____/____

Attach voided check or withdrawal form here.

This request cannot be processed if this form is not signed and properly completed.