



I hereby authorize FCSU Financial® (hereinafter "FCSU") to deposit amounts payable to me by initiating a credit entry to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entry indicated by FCSU to my account. In the event that FCSU deposits funds erroneously into my account, I authorize FCSU to debit my account for an amount not to exceed the original amount of the erroneous credit.

SECTION 1 – Account Information

Life Insurance Policy: _____

Name of Insured: _____

Social Security #: _____

SECTION 2 – Payment

You **MUST ATTACH A VOIDED CHECK or SAVINGS ACCOUNT STATEMENT**. By selecting Direct Deposit, you authorize FCSU Financial to initiate a credit and, if necessary, debit corrections to the specified account.

Note: Deposit slips will not be accepted.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #:

Bank Acc.#:

SECTION 3 – Signatory Acknowledgement

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

Print Name

Signature

Date

THIS FORM MUST BE SIGNED BY A NOTARY PUBLIC TO PROTECT YOUR ASSETS

State of: _____

County of: _____

This form was signed before me on _____, by _____
(Print name of Owner or Authorized Individual/s).

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature of Owner/ Authorized Individual

Notary Public Signature: _____

My Commission Expires: _____

Notary Stamp/Seal