

AUTHORIZATION FOR DIRECT DEPOSIT (PLEASE PRINT CLEARLY)

Beneficiary/Certificate Owner: _____ Home Phone: _____

Certificate #: _____ Social Security Number: _____

Address (Street, City, State, Zip): _____

Email Address to send confirmation (optional): _____

CLAIMS PAYMENT TYPE: (Please check one)

Death () * Disability () Member Benefits ()

* Initial Here if Disability is selected - I authorize all future disability payments to be deposited into this account until disability payments end or I instruct The Independent Order of Foresters to stop issuing payments to this account.

TERMS AND CONDITIONS:

- Completing this form authorizes and directs The Independent Order of Foresters (Foresters) to directly deposit the requested funds into my account identified below upon the above requested transaction being processed. In the event that funds are deposited in error, I hereby authorize my bank to return the funds and authorize Foresters to initiate credit or debit entries on the account, for the limited purpose of adjustments to payment of amounts arising from the transaction. Once a deposit occurs, Foresters has five days to withdraw up to the amounts deposited if an error has occurred.
- This authorization must be accompanied by a copy of a Void Check from my account into which I would like the funds from the completed transaction to be paid. The account identified must be in the name of the Beneficiary/Owner of the Certificate (as applicable) to allow for the Direct Deposit electronic funds transfer option to be available.
- If the banking information provided by me below is incorrect in any way, Foresters will not be accountable if the funds are deposited and not retracted. I agree to indemnify and/or hold Foresters harmless in such event.
- Upon the funds being deposited, Foresters shall send confirmation of the deposit to the above provided email address to advise me of the completed request. If the email address I provide is incorrect or I do not provide an email address on this form, I will not receive the email confirmation.
- If the form is incomplete in any way, if a void check is not attached below or if the account holder and Beneficiary/Certificate Owner (as applicable) are not the same person, then the Direct Deposit electronic fund transfer option will not be applied and the requested funds will be sent to the Beneficiary/Owner's address (as applicable) previously on file using regular postal service delivery.
- In the event that, in my original request for payment form I requested payment by check, the completion of this form amends and overrides such request in favor of a direct deposit to my account identified below.

AGREEMENT OF USE:

I have read and agree to the terms and conditions noted above. Please complete the requested transaction and deposit the funds into my account associated with the attached void check.

Signature of Beneficiary/Certificate Owner: _____ Date: _____

ACCOUNT INFORMATION:

PLEASE CHOOSE ONLY 1 OPTION BELOW AS YOUR PREFERRED METHOD OF PAYMENT.

1. Please deposit funds into the account that is currently being used for Premium Payments for this certificate (only applicable if the owner of the Certificate and the Bank Account Holder are the same person)
2. Please deposit funds into the account to which the Void Check was provided for below.

ATTACH COPY OF A PERSONAL ACCOUNT VOID CHECK HERE PLEASE (If no Personal Check is available, please include a copy of your Bank Statement which provides your full bank details and it will be reviewed for its eligibility).