

# Direct Deposit Authorization (Electronic Funds Transfer)

Complete this form to (1) add standing instructions for future use, (2) update existing bank account information, or (3) to distribute funds from your GBU Financial Life (GBU Life) life insurance policy or annuity to your bank account.

Owner First Name	Owner Last Name	Joint Owner First Name	Joint Owner Last Name	
Street Address		City	State	ZIP
Phone Number		Email		

## Direct Deposit/EFT to Bank Account

Funds will be distributed from your GBU Life policy or annuity and transferred to the bank account provided below. Enter one or more policy number(s) as applicable.

- Proceeds typically arrive within 2-3 business days.
- This will apply to all future transactions unless otherwise notified.

Policy Number	Policy Number (Optional)	Policy Number (Optional)	Policy Number (Optional)
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Provide your banking information below.

Bank Name		Bank City	Bank State
ABA Routing Number	Account Number	Account Type	
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

## Signature and Disclosures

By signing below, I understand that (1) this authorization will remain in effect until I revoke it by contacting GBU Life; (2) it will apply to any future bank accounts I may designate; and (3) notice of debit amounts will not be mailed. Premiums paid to GBU Life will appear on the bank statement.

This form must be received at least five (5) days prior to the requested start date to ensure timely processing.

Owner Signature	Date
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Joint Owner Signature	Date
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