

# Direct Deposit Enrollment Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

Please choose where you would like your Annuity Voluntary check deposited to:

\_\_\_\_\_ Checking      Account Number \_\_\_\_\_

\_\_\_\_\_ Savings      Account Number \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Beneath please attach a blank check marked VOID

Signature: \_\_\_\_\_

Date: \_\_\_\_\_