



DIRECT DEPOSIT FORM

PAYEE INFORMATION

Please enter information as we currently have on file.

Policy/Contract Number: _____

First Name: _____ Last Name: _____

Address: _____

City/State/ZIP Code: _____

Email: _____ Phone: _____

Social Security Number (Last 4 Digits): _____ Date of Birth: _____

FINANCIAL INSTITUTION INFORMATION

Request Type:

New Direct Deposit Request

Update Direct Deposit Information

Financial Institution Name: _____

City: _____ State: _____

Account Type: Checking Account Savings Account

Routing Number: _____

Account Number: _____

Attach a copy of a voided check
(temporary checks will not be accepted)

OR

Provide a letter from financial institution confirming name of
account holder, account number, and routing number.

NAME ADDRESS CITY, STATE ZIP	DATE	0123 01-23456789
PAY TO THE ORDER OF		\$
BANK NAME ADDRESS CITY, STATE ZIP		DOLLARS
FOR		
01 23456789	01 234567890123	0123
Routing Number	Account Number	

AUTHORIZATION

I hereby authorize and instruct Independent Life Insurance Company to make direct deposits of my periodic payments into the account and financial institution named above, and to discontinue any other direct deposits currently in place. This request will remain in effect until changed by me in writing. If funds that I am not entitled to receive are deposited into my account, I authorize Independent Life Insurance Company to direct the financial institution named above to return these funds to Independent Life Insurance Company.

Signature of Payee or Legal Representative

Date

If individual signing is not the payee, legal documentation must accompany this request if not previously provided. NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

Please complete this form in full, sign and submit along with any required legal documents to:

Email: documents@Independent.Life | Fax: 214.666.4833

Mail: Independent Life Insurance Company, P.O. Box 679053, Dallas, Texas 75267-9053

Questions? Call 800.793.0848