

Authorization for Direct Deposit

By Electronic Fund Transfer

American United Life Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 6008
Indianapolis, IN 46206-6008
1-800-833-5569

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a ONEAMERICA® company
P.O. Box 6008
Indianapolis, IN 46206-6008
1-800-833-5569

The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 6008
Indianapolis, IN 46206-6008
1-800-833-5569



Check all that apply: ☐ American United Life Insurance Company® (AUL) ☐ Pioneer Mutual Life Insurance Company
☐ The State Life Insurance Company

Hereinafter referred to as "the Company."

A. Annuitant/Payee Information

Name: _____

SSN: _____

Policy Number: _____

Daytime Phone Number: _____

Mailing Address: _____

Evening Phone Number: _____

City, State, Zip: _____

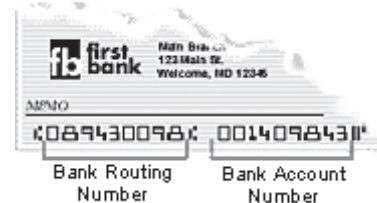
Cell Phone Number: _____

B. Financial Institution Information

Please keep in mind that your first payment after establishing Electronic Fund Transfer (EFT) or changing your existing EFT information may be sent via paper check while we pre-note with your bank. Please allow 10 business days for your EFT information to be updated.

Financial Information – required Information☐ Checking Account☐ Savings Account

Bank Name: _____

Bank Routing (ABA) Number: _____ **Routing Number must be 9 digits**Bank Account Number: _____ **Account Number cannot exceed 17 digits**

Please attach a blank voided check copy for checking accounts or a deposit slip for savings accounts for verification of your account number.

**Electronic Fund Transfer should only be used to send your Installment and annuity payments to a bank account. Payments that are being rolled over to another carrier cannot be transferred electronically.*

C. Annuitant/Payee Certification

I authorize the Company to deposit all contract payments due me into the account identified below by Electronic Fund Transfer. I discharge the Company from any further liability for any payments deposited to my account under this authorization. I also authorize the Company to initiate corrections, if necessary, to any amounts credited to my account in error. Any such payments shall be returned to the Company by the Financial Institution if funds are available in my account or shall be returned to the Company by my estate or my heirs if the funds in my account are not sufficient to make the required correction.

I understand that the Company may terminate its electronic fund transfer at any time and for any reason, and may make contract payments by check instead.

Your Signature: _____ **Date:** _____