# AUTHORIZATION FOR DIRECT DEPOSIT

| POLICY NUMBER | |
|---|---|
| OWNER'S NAME | JOINT OWNER'S NAME |

## Bank Account Information

| BANK ACCOUNT OWNER'S NAME | |
|---|---|
| NAME OF BANK | ACCOUNT TYPE ❑ Checking ❑ Savings |
| ROUTING NUMBER | ACCOUNT NUMBER |

**IF USING A CHECKING ACCOUNT, ATTACH A VOIDED CHECK OVER THE SHADED AREA BELOW. DO NOT ATTACH A DEPOSIT SLIP OR STARTER CHECK.**

**Your Name**
**123 Any Street**
**Your Town, USA 11111**

# -VOID-

| **Your routing number** | **Your account number** | **Your check number** |
|---|---|---|
| **123456789** | **1234567** | **111** |

I hereby authorize Oxford Life Insurance Company, and/or its third-party administrators, representatives or agents, ("Oxford Life") to electronically transfer into my account, until further notice, all policy payments due to me and to charge the referenced account to reverse any transfer erroneously posted to my account. I agree that Oxford Life will have no further liability with respect to any payments made in accordance with this authorization and may at any time discontinue my direct deposit and issue checks to me requiring my personal endorsement. I understand this authorization is to remain in full force and effect until Oxford Life has written notification from me of termination and in such manner as to afford Oxford Life and the financial institution a reasonable opportunity to act on it. I, for myself, my heirs, executors, administrators and assigns do hereby consent and agree that any sums of money deposited to my account after my death, shall be refunded to Oxford Life for distribution to the person or persons, if any, entitled to those sums under the terms of the policy.

Dated this _____ day of _____, 20_____.

_____        _____
Signature – Policy Owner/Bank Account Owner        Signature – Joint Policy Owner *(if any)*

DIRDEP (Rev. 9/2013)