

PRE-AUTHORIZED DIRECT DEPOSIT APPLICATION



Disability and Life Claims
PO Box 2578
Omaha, NE 68172-9688 Fax
(603) 743-3123

Return To:

EMPLOYEE/CLAIMANT NAME: _____	
CLAIM NUMBER: _____	SOCIAL SECURITY NUMBER: _____
EMPLOYER/SPONSOR: _____	DATE OF BIRTH: _____

CHECK ONE: ☐ New ☐ Change

YOUR TELEPHONE NUMBER: () _____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEPOSITS

I (We) hereby authorize and request Lincoln Financial Group to make payment of any Disability payments owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by Lincoln Financial Group to such account and to enter the same to such account without responsibility for the correctness thereof.

REQUIRED FIELDS ARE BOLDDED BELOW

TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	BANK NAME: _____
9 DIGIT ABA ROUTING NUMBER: _____	BANK ADDRESS: _____
YOUR ACCOUNT NUMBER: _____	CITY: _____ STATE: ____ ZIP: _____
	BANK PHONE: () _____

WILL THESE DIRECT DEPOSIT BENEFIT PAYMENTS BE SENT TO A BANK OUTSIDE THE U.S.? ☐ YES ☐ NO

DOES YOUR BANK HAVE STANDING ORDERS TO MOVE FUNDS FROM THE ACCOUNT WE CREDITED TO A BANK OUTSIDE THE U.S.?
☐ YES ☐ NO

It is my understanding that this agreement may be terminated by me (either of us) at any time by written notification to Lincoln Financial Group or BANK. Any such notification to Lincoln Financial Group shall be effective only with respect to entries initiated by Lincoln Financial Group after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it. I also understand that it is my responsibility to confirm payments or funds have been deposited into the specified account before authorizing payment or making withdrawals from specified account.

Signed: _____ Date: _____

* The ABA Routing Number can be found in the lower left hand corner of your check or savings account deposit slip. If in doubt, please confirm the number with your financial institution.

The term "BANK" as used on this application includes Credit Unions, Savings and Loans, etc

ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE
Your application will be rejected unless included with the form.