



## Authorization Agreement for Direct Deposit

I (we) authorize Madison National Life Insurance Company hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our):

(select one)       Checking Account       Savings Account

indicated below and the depository names below, hereinafter called the DEPOSITORY, to credit and/or debit the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

### Complete Mailing Address of your Financial Institution:

Street Name or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_  
Please Print Name

Date of Birth: \_\_\_\_\_

### Claim Number:

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

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

(Both parties must sign on a joint account)

**FOR DEPOSITS TO A CHECKING ACCOUNT PLEASE ATTACH A VOIDED CHECK.  
FOR DEPOSITS TO A SAVINGS ACCOUNT PLEASE ATTACH A DEPOSIT SLIP.**