



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I authorize CSA Fraternal Life to initiate credit entries to the account identified below.

Full Name of Account Holder: \_\_\_\_\_

Name of Bank or Savings & Loan: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Bank Routing/Transit # \_\_\_\_\_

Account #: \_\_\_\_\_ Checking

Savings

The authority to make automatic deposits to the account identified above will remain in full force and effect until CSA Fraternal Life has received a written notification from an authorized account holder to:

1. Revise the election and has been afforded a reasonable opportunity to act upon the request, or,
2. Until the monthly automatic annuity payments from CSA Fraternal Life stop.

Annuitant Name: \_\_\_\_\_

Annuitant Address: \_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
Signature of Annuitant

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Account Holder (if other than Annuitant)

X \_\_\_\_\_  
Date

**\*\* PLEASE ATTACH A VOIDED CHECK  
TO THIS AUTHORIZATION \*\***