

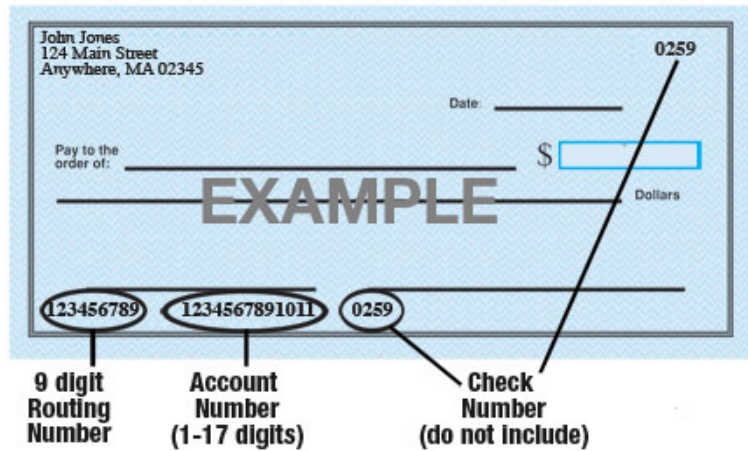


# DIRECT DEPOSIT AUTHORIZATION FORM

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

Address \_\_\_\_\_

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



Name of Bank \_\_\_\_\_

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

9-Digit Routing # \_\_\_\_\_

Type of Account      Checking      Savings      (Check One)

*Attach a voided check with this authorization.*

Czechoslovak Society of America is hereby authorized to directly deposit annuity withdrawals to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

\_\_\_\_\_  
Signature of Annuitant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bank Account Holder if other than Annuitant

\_\_\_\_\_  
Date

**A FRATERNAL BENEFIT SOCIETY \* 2050 Finley Rd Suite 70, Lombard IL 60148  
800-543-3272 \* Fax 630-472-1100**