

## ACH AUTHORIZATION FORM

*Complete and return this form if you want your proceeds sent electronically to your bank.*

### Election of Direct Deposit Authorization to Bank or Savings Account

The undersigned hereby authorizes Kansas City Life Insurance Company, Old American Insurance, Security Benefit Group of Companies, Sunset Life or subsidiaries to make automatic payments to the payee and account identified below and authorizes the bank or savings institution to accept such deposits and make any necessary adjustments. It is agreed that these payments may be sent electronically or by mail to the authorized institution to be deposited. This authorization will remain in effect until the company receives written notification terminating the agreement. The Company reserves the right to retrieve funds deposited in error with no prior notification to the Account Holder.

Policy Number(s) \_\_\_\_\_

Account Information (Circle One):              Checking              Savings

Name of Bank/Savings Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the Account  
(Owner must be an account holder): \_\_\_\_\_

Phone Number: \_\_\_\_\_

X \_\_\_\_\_

**Notarized Signature of Owner**

**\*\*\*NOTARIZED SIGNATURE AND COPY OF VALID STATE IDENTIFICATION OR DRIVER'S LICENSE  
REQUIRED OR CHECK WILL BE MAILED TO ADDRESS OF RECORD\*\*\***

On the \_\_\_\_\_ day of \_\_\_\_\_, before me personally came  
\_\_\_\_\_, to me known to be the individual described in and  
who executed the assignment and acknowledged to me that he or she executed the same.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

\*\*\*\*\*Aattach voided check or Bank Verification form here\*\*\*\*\*

