PuritanLife

Administrative Office:
PO Box 11823
Winston-Salem, NC 27116
Phone: 844.465.0361
Fax: 336-419-0097
Email: info@puritanlife.com

STRUCTURED SETTLEMENT BANK AUTOMATIC DEPOSIT AUTHORIZATION AGREEMENT

If automatic deposit is already established on this contract, use this form only to revise or update bank account information.

Important Notes:

- **The electronic transfer of funds may take 2-3 business days to reach your account once funds are released from our office and is subject to your bank processing time.**

Section A: Puritan Policy Owner Information

Owner Name:_____ Policy Number:_____

Joint Owner Name (if applicable):_____

Section B: Bank Account Information

(If you are updating an existing deposit agreement, check here: ❑)

Account Owner Name (As it appears on the account):_____ SSN:_____

Account Joint Owner Name (if applicable):_____ SSN:_____

Check One: (Must be a checking or savings account, no money market or brokerage accounts)

☐ Checking - Please provide a copy of a voided check.

☐ Savings* - Please provide documentation from your financial institution which includes the routing and account number.

Please ask you financial institution to verify that the ACH will be accepted and that the information below is correct. This verification is necessary, as not all financial institutions will acknowledge an ACH debit to a savings account.

Bank Name and Branch:_____

Bank Address (Street, City, State, Zip:_____

Bank Account Number:_____ Routing Number (9 digits):_____

Section C: Agreement & Signatures

I hereby authorize Puritan Life Insurance Company of America ("Puritan") to make direct deposits to my account and for the bank named below to accept these deposits. I also authorize Puritan to make withdrawals from this account in the event that a credit entry is made in error.

This authority is to remain in force until Puritan has written notification from me of its termination in such time and in such manner as to afford Puritan a reasonable opportunity to act on it.

Puritan Policy Owner Signatures:

_____	_____	_____	_____
Policy Owner Signature	Date Signed	Policy Joint Owner Signature	Date Signed

Bank Account Owner Signatures:

_____	_____	_____	_____
Bank Account Owner Signature	Date Signed	Joint Bank Account Owner Signature	Date Signed