First **Catholic** Slovak Ladies **Association**

24950 Chagrin Blvd., Beachwood, OH 44122 1-800-464-4642 www.fcsla.org

ELECTRONIC FUNDS TRANSFER (EFT) DEBIT AUTHORIZATION

For Annuity Deposits

FCSLA is pleased to announce that deposits to your Flexible Premium Deferred Annuity may now be made electronically if your financial institution is a member of the National Clearing House Association (NACHA). Direct deposit is the fast, easy way to contribute to your annuity. If you would like to sign up for this service, complete the enrollment information below, attach a voided check, and return in the enclosed envelope.

Your Information :

Name (print): _____

Address: _____

_____

_____

Your FCSLA Certificate Information :

_____
Certificate Number: *(leave blank if new application)*

/
Effective Month / Year (allow one month to process request)

$
Deposit Amount (min. $25)

Deposit Frequency :
- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually

☐
Effective Day (Allowable days are the 1st thru the 25th)

Your Bank Information :

_____
Bank Name (print)

☐☐☐☐☐☐☐☐☐
Bank Routing Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
Bank Account Number

☐ Checking (Att. voided check) ☐ Savings (Att. deposit slip)

Yes, enroll me in FCSLA's EFT to pay my premiums!

_____ ( ) - _____ _____
Authorized signature(s) Phone Number Date

I authorize FCSLA to electronically transfer funds from my account identified above, to deposit into my annuity for the amount scheduled above. If my scheduled withdrawal day is not a business day, I understand that my request will post on the following business day. I understand that sufficient funds must be kept in my account to cover these withdrawals. I understand that I may cancel or change this authorization by mailing written notice to FCSLA. FCSLA reserves the right to refuse or terminate automated deposit services.

Attach a VOIDED blank check and return this form to the Home Office.

Any questions, please call the Annuity Department at extension 1024 or 1023. FCSLA-LEFTDB.2007