

# DIRECT DEPOSIT APPLICATION



Lincoln Financial Group  
Disability and Life Claims  
PO Box 2578  
Omaha, NE 68172-9688  
Phone No.: (800) 210-0268  
Secure Fax No.: (603) 334-0401

**Return To:**

EMPLOYEE/CLAIMANT NAME: _____
CLAIM NO: _____
EMPLOYER/SPONSOR: _____ DATE OF BIRTH: _____

CHECK ONE:  New  Change

YOUR TELEPHONE NUMBER: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEPOSITS**

I (We) hereby authorize and request Lincoln Financial Group, to make payment of Disability payments owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by Lincoln Financial Group to such account and to enter the same to such account without responsibility for the correctness thereof.

**REQUIRED FIELDS ARE BOLDED BELOW**

**\*\*\*All must be completed or your form will be rejected\*\*\***

<b>TYPE OF ACCOUNT:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>BANK NAME:</b> _____
<b>9 DIGIT ABA ROUTING NUMBER:</b> _____	<b>BANK ADDRESS:</b> _____
<b>YOUR ACCOUNT NUMBER:</b> _____	<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____
<b>BANK PHONE:</b> ( ) _____	

**\*\*\*You must check yes or no to BOTH of the following two questions\*\*\***

**WILL THESE DIRECT DEPOSIT BENEFIT PAYMENTS BE SENT TO A BANK OUTSIDE THE U.S.?**

YES  NO

**DOES YOUR BANK HAVE STANDING ORDERS FROM YOU TO MOVE FUNDS FROM THE ACCOUNT WE CREDITED TO A BANK OUTSIDE THE U.S.?**

YES  NO

It is my understanding that this agreement may be terminated by me (either of us) at any time by written notification to Lincoln Financial Group or BANK. Any such notification to Lincoln Financial Group shall be effective only with respect to entries initiated by Lincoln Financial Group after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it. I also understand that it is my responsibility to confirm payments or funds have been deposited into the specified account before authorizing payment or making withdrawals from specified account.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The term "BANK" as used on this application includes Credit Unions, Savings and Loans, etc