24950 Chagrin Blvd. | Beachwood, Ohio 44122 | 800.464.4642 | www.fcsla.com

ELECTRIONIC FUNDS TRANSFER (EFT) CREDIT AUTHORIZATION

Policy Owner's Information:

Name (Print): _____ SSN Last 4: _____

Address: _____ Email _____

_____

In lieu of a check, proceeds from your policy can be paid electronically. Direct deposit is the fast, easy and safe way to receive your payment. If you would like to sign up for this service, complete the enrollment information below, attach a **Voided Check** or **Bank Direct Deposit Authorization Form** that includes the routing # and account #.

FCSLA Policy Number(s): _____

[Please attach your check here]

_____ ( ) - _____ _____

Authorized Signature(s) Phone Number Date

I authorize FCSLA Life to electronically transfer funds into my bank account identified above for the purpose of receiving the funds from my policy.

You will be notified by email that the transfer has been processed and will be emailed your detailed payment statement.

A VOIDED BLANK CHECK OR BANK AUTHORIZATION MUST BE RETURNED WITH THIS FORM.

24950 Chagrin Blvd. | Beachwood, Ohio 44122
800.464.4642 Ext. 1064 Policy Services | 216.468.8009 Fax
Email - PolicyServices@FCSLA.com