



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

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 paid electronically if your financial institution is a member of the National Clearing House Association (NACHA). Direct deposit is the fast, easy, and safe 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 to the home office.

Payor Information :

Name (print): _____ SSN: _____

Address: _____ EMail: _____

_____ DOB: _____

FCSLA Certificate Information :

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

Effective Month / Year

(allow one month to process request)

Effective Day

(Allowable days are the 1st thru the 20th)

Deposit Amount

Deposit Frequency :

- Monthly
- Quarterly
- Semi-Annually
- Annually

Payor Bank Information :

Bank Name

Bank Routing Number

Bank Account Number

Bank Account Number

Bank Account Number

- Checking (Atch voided check)
- Savings (Atch Bank Authorization)

Yes, enroll me in FCSLA's EFT for my annuity deposits!

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

I authorize FCSLA to electronically transfer funds from the bank 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 bank 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.

A VOIDED BLANK CHECK OR BANK AUTHORIZATION MUST BE RETURNED WITH THIS FORM to the Home Office.