



CLC

Life Insurance

700 Taylor Road · Suite 280 · Gahanna, OH 43230-3320
614.944.4743 · 800.845.0494 · Fax: 614.944.4748

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

_____ **CLC Account Number**

Select One: New Agreement Change Account Cancel Agreement

Deposit Date (Select One): _____ 1st of the month _____ 15th of the month

I hereby authorize the Catholic Ladies of Columbia (CLC) to initiate credit to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until CLC has received written notification from me of its termination in such time and in such manner as to afford CLC and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for direct deposit.

Select One: Checking Account Savings Account

Financial Institution:

Name _____ Branch _____
City _____ State _____ Zip Code _____
Routing No. _____ Account Number _____
Name: _____ Soc. Sec. No. _____
Date: _____ Signature: _____

Attach: **voided check** for checking accounts **OR savings deposit slip** for savings accounts

Form will not be processed without information below

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____ \$		<input type="text"/>
_____		DOLLARS
MEMO _____	X _____	
;; 123456789	;; 11484620040	;; 3680

Routing Number Account Number