

Authorization Agreement for Automatic Deposit



Henderson Hall ■ 29 Carpenter Road ■ Arlington, VA 22212
Phone: 800-628-6011 ■ Fax: 703-945-1441 ■ E-mail: counselor@navymutual.org ■ Website: www.navymutual.org

To have funds automatically deposited to your account:

- You must attach a voided check or savings deposit slip drawn on an active, personal account from a U.S. banking institution.

Please complete the following information:

Receiving Bank Institution (Required)

Name of Bank/Institution: _____

Routing/ABA# (9digits): _____

Bank Account Number: _____

Bank Account Type: Checking or Savings

Beneficiary / Annuitant / Trust Information (Required) Check here if Trust

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number / TIN: _____ or Plan Number: _____

Telephone Number: _____ Email: _____

I hereby authorize Navy Mutual Aid Association to transmit my settlement option/annuity payment by electronic direct deposit to the banking institution listed above. I further authorize any adjustment to my account to correct deposits made in error. This authorization remains in effect until canceled by me in writing.

Signature: _____ Date: _____

VOID

PAYEE _____ \$ _____

BANK 123 Easy Street, Anytown, Anywhere

DATE _____ /00 DOLLARS

123456789 000123456789 1001

ABA Routing Number
Account Number
Check Number

Attach a voided check here with same banking information as listed above.