

# Direct Deposit of Insurance Benefit Payments

Illinois Mutual offers a convenient, fast and secure way for you to receive your insurance benefit payments – direct deposit.\* Enrolling in direct deposit is simple:

- » Detach and complete the authorization form below
- » If authorizing payments from your checking account, include a VOIDED check
- » If authorizing payments from your savings account, include a deposit slip
- » Return your completed form and voided check/ deposit slip to the Home Office through the mail in the enclosed envelope, fax it to (309) 673-8137, or email to Claims@IllinoisMutual.com



If you have any questions, please call your Claims team at  
(800) 437-7355 – Disability, ext. 752 or Life, ext 746.

\*Payment of benefits via direct deposit is subject to approval of your claim by Illinois Mutual's Claims Department.

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## Authorization To Have Funds Transferred Electronically (EFT) to My Bank Account by Illinois Mutual Life Insurance Company

I hereby authorize that any money due me by Illinois Mutual that would otherwise be paid to me by check be paid by electronic transfer to the bank account indicated below. I further authorize Illinois Mutual to initiate as necessary, and I direct my financial institution to allow, debits for overpayments credited to my account during or after my lifetime and to refund such amounts to Illinois Mutual. I may terminate this authorization at any time by giving Illinois Mutual prior written notice, and I further agree that I will provide written notice in the event that the bank account listed below should change. I understand that the written notification shall allow Illinois Mutual and my bank sufficient time to act on my notification. I shall remain responsible for any charges assessed by my financial institution.

Name	
Policy/Contract Number OR Agent Code(s)*	
Financial Institution Name	
Account Type: <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach deposit slip)	
Routing Number	Account Number
Signature	Date
Joint Payee Signature (if applicable)	Date

\* Agent Code(s) applicable only if payee is an Illinois Mutual agent requesting electronic deposit of commissions.

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