



WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721 – Fax (217) 223-9726
www.wculife.org



ACH AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

INFORMATION

Annuitant/Insured: _____

Certificate Number: _____

Annuitant/Insured's Social Security Number: _____

FREQUENCY

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Start Date (Month/Day/Year) _____ / _____ / _____

BANK INFORMATION (Please attach copy of VOIDED CHECK for Checking Account)

Account Type: ☐ Checking ☐ Savings In the amount of \$ _____

Name(s) on Bank Account: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing #: _____ Account #: _____

SIGNATURE OF AUTHORIZED ACCOUNT HOLDER(S)

I/We hereby authorize The Bank to initiate the above transaction to my account for purposes of the above stated Automated Clearing House (ACH) transaction.

Bank Account Holder: _____ Date: _____

Bank Account Holder: _____ Date: _____