



# WCU FINANCIAL

ESTABLISHED IN 1877  
FAITH | STRENGTH | SECURITY

Western Catholic Union  
A Fraternal Benefit Society  
510 Maine St, Quincy, IL 62301  
217-223-9721 • Fax: 217-223-9726  
www.wculife.org

## ACH AUTHORIZATION

### INFORMATION

Annuitant/Insured: \_\_\_\_\_ Certificate # \_\_\_\_\_

Owner (if other than annuitant/insured): \_\_\_\_\_

Joint Owner (if applicable): \_\_\_\_\_

### TYPE OF DISTRIBUTION

Interest     RMD     Systematic Withdrawal     Other \_\_\_\_\_

Start Date (Month/Day/Year) \_\_\_\_\_

### BANK INFORMATION

Account Type:     Checking (include voided check - no deposit slips)     Savings

#### **IF VOIDED CHECK IS NOT PROVIDED, OR SAVINGS IS SELECTED, COMPLETE BANK INFO**

Name on Bank Account: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

### BANK AUTHORIZATION

- I hereby authorize Western Catholic Union (WCU) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution indicated above. In the event of a transactional error, I authorize WCU to make correcting credit/debit entries to my account.
- Certificate Owner is responsible for the accuracy of the payment information.
- ACH will remain in effect until terminated by me or WCU upon written notice.

Signature of Bank Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

### SIGNATURE(S)

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

