



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

• • TO CHANGE METHOD OF PAYMENT ON AN EXISTING DISTRIBUTION • •

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 SIGNATURE

- 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.

Bank Account Holder: _____ Date: _____

SIGNATURE(S)

Owner: _____ Date: _____

Joint Owner: _____ Date: _____
(if applicable)