



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



AGENT'S ACH AUTHORIZATION

AGENT INFORMATION

Name: _____ Agent Number: _____

Phone Number(s): _____

Email Address: _____

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.
- Agent 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: _____

AGENT'S SIGNATURE

Agent: _____ Date: _____

FOR HOME OFFICE USE ONLY:

Processed by: _____ Date: _____
WCU Accounting