



# 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

### **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)