



PACIFIC GUARDIAN LIFE

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

1. CUSTOMER INFORMATION

Company/Account Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Email: _____ Phone: _____

CHECK ONE:

☐ ADD (New Direct Deposit Participant)	☐ CHANGE (Financial Institution and/or Account #)	☐ DELETE (Cancel Participation in the Program)
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I (we) hereby authorize Pacific Guardian Life, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository financial institution named below, hereafter called DEPOSITORY, and to credit and/or debit the same to such account. I acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

2. CUSTOMER BANKING INFORMATION

Depository Financial Institution: _____

Branch: _____

City: _____ State: _____ Zip: _____

TRANSIT ROUTING NUMBERS

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ACCOUNT NUMBER INFORMATION

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☐ CHECKING

☐ SAVINGS

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

3. AUTHORIZED SIGNER:

Print name: _____

Signature: _____

Title: _____ Date: _____

Please include a Voided Check or verification from the bank