

# Direct Deposit Electronic Funds Transfer Authorization Agreement

**Important!**

For us to process your request, you must complete this entire form and attach appropriate account information.

(Please type or print)

Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

New enrollment  Change existing information  Suspend Direct Deposit Program\*

\* Once a suspension is processed, payments will be sent via check to your current address of record.

**Financial Institution** (Bank, Savings & Loan, Credit Union)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

Transit Routing Numbers \_\_\_\_\_

**If using a checking account, attach a check with "Void" written across it must be attached here.**

(Your check will provide bank & routing numbers).

**If using a savings account, attach a letter from the bank verifying account information and your transit routing number.**

**Annuitant Authorization** Having completed the above information, I authorize Hartford Life Insurance Company (Hartford Life) to deposit my benefit payments into the account I have indicated above, with the Depository I have named above. I also authorize Hartford Life to make withdrawals and adjustments, if necessary, for any deposits made in error to my account. This authority will remain in full force and effect until Hartford Life receives written notification from me that I wish to terminate this authority. Such notice must be received within a timeframe and manner that allows Hartford Life and the above named Depository a reasonable opportunity to act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Hartford  
Attn: Annuitization Unit  
P.O. Box 1583  
Hartford, CT 06144-1583

