



PO Box 11609, Winston-Salem, NC 27116-1108  
Phone: (833) 658-2841 Fax: (303) 220-8056

**Direct Deposit Form**

**Direct Deposit (ACH) to a Bank**

Please allow 3-5 business days from the processing date to receive the funds in your bank account.

Note: Payments made via EFT/ACH to a party other than the owner are not permitted.

**Bank Name** \_\_\_\_\_

**Bank account number** \_\_\_\_\_

**ABA routing number** (To ensure accuracy, verify with your bank.) \_\_\_\_\_

**Type of Account**  Checking  Savings

**Name of depositor on bank records** (first, middle initial, last name) \_\_\_\_\_

I have carefully read the request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that Colorado Bankers Life Insurance Company may require additional information or requirements.

I certify that the policy is not pledged or assigned to any other person or corporation, and that no proceedings of bankruptcy or insolvency have been filed and are now pending against the undersigned.

\_\_\_\_\_  
Signature Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number (Required)