



Payment Direct Deposit Authorization Form

INSTRUCTIONS

Complete this form to enroll in or change banking information for HM Life Insurance Company of New York's Direct Deposit option. After signing and

dating this form, return it to your HM Life Insurance Company of New York sales representative or reinsurance contact.			
ACTION REQUESTED			
□ BEGIN direct deposit of p	ayments		
UPDATE direct deposit information			
CANCEL direct deposit of payments			
DANK ASSOCIATE SAMES IN			
BANK ACCOUNT OWNER INFORMATION			
Name on Bank Account			
Company Name			EIN Number
Email Address			Telephone Number
FINANCIAL INSTITUTION INFO	ORMATION		
Financial Institution Name			Routing/Transit Number
Type of Account (select one)	_		
	Checking	Account Number	
	Savings	Account Number	
AUTUODIZATION ACDEEMEN	IT FOR DIDECT DE	DOCIT	
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT I hereby authorize the direct deposit of my payment to the account and financial institution indicated above. Such direct deposit will be made unless I			
choose to terminate this agreement. Any such notification to HM Life Insurance Company of New York must be in writing and shall become effective			
upon receipt, after a reasonable opportunity to act on it.			
In the event that funds are deposited erroneously into my account, HM Life Insurance Company of New York may deduct an amount, not to exceed			
the original amount of the deposit, from future payments. If future payments are not available, HM Life Insurance Company of New York may pursue			
a refund.			
The recipient of any overpayment also has the option to reimburse HM Life Insurance Company of New York by way of a check or ACH.			
HM Life Insurance Company of New York reserves the right to validate the bank account information provided on this form. In the event of any			
questions, we will contact the individual authorizing direct deposit.			
Signature			Title
Printed Name			 Date
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Return the completed form to your HM Life Insurance Company of New York sales representative or reinsurance contact.