

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 payments
- UPDATE direct deposit information
- CANCEL direct deposit of payments

BANK ACCOUNT OWNER INFORMATION

Name on Bank Account

Company Name

EIN Number

Email Address

Telephone Number

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Routing/Transit Number

Type of Account (select one)

- Checking Account Number _____
- Savings Account Number _____

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

Return the completed form to your HM Life Insurance Company of New York sales representative or reinsurance contact.