



P.O. Box 17410
Denver, CO 80217-0410
1-866-257-0707 - Tel
1-303-737-2879 - Fax

Claim No. : \_\_\_\_\_
ADA Certificate No. : \_\_\_\_\_
Member Name: \_\_\_\_\_

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Great-West Life & Annuity Insurance Company to initiate one or more automatic deposits to my account at the financial institution named below. Further, I agree not to hold Great-West Life & Annuity Insurance Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Great-West Life & Annuity Insurance Company receives a written notice of cancellation from me or my financial institution, my claim(s) benefits cease, or I submit a new direct deposit form to the Company.

Account Information

Name of Financial Institution: \_\_\_\_\_
Routing Number: \_\_\_\_\_
Account Number: \_\_\_\_\_
Checking [ ] Savings [ ]

Signature

Primary Payee Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_
Primary Payee (Signature): \_\_\_\_\_ Date: \_\_\_\_\_