

Electronic Funds Transfer (EFT) Authorization



DIRECT DEPOSIT OF LONG-TERM DISABILITY BENEFIT PAYMENTS

I understand that by completing this form, I am authorizing United of Omaha Life Insurance Company to directly deposit into my bank account via Electronic Funds Transfer (EFT) payment(s) due to me under a contract issued by United of Omaha to my financial institution with the information provided below, for credit to my account. Furthermore, I authorize and direct the bank to charge said account or the account of my estate for any payment made in error as determined by United of Omaha and to refund any such payment made subsequent to my death or made in error and to refund any such payment to United of Omaha upon its written request to the bank.

I further understand and agree that it is my responsibility to ensure that all bank information reported on this form is accurate and correct for the appropriate deposit of my payment(s) and that United of Omaha can rely on this information and will have no obligation to ensure the correctness of the information.

I further understand and agree that any payment(s) made into an incorrect bank account pursuant to the information reported on this form, will be forfeited by me and that United of Omaha has no obligation to retrieve those funds or make replacement payment(s) to me.

I further understand and agree for myself, my heirs, executors and estate to indemnify and hold United of Omaha harmless from any and all loss or damage of any nature whatsoever, including costs or attorney's fees incurred by reason of said bank acting pursuant to this Authorization.

I further understand and agree that United of Omaha is not responsible for any bank charges or other costs associated with or arising out of this agreement.

I further understand that if my bank is not able to accept EFTs, checks will be mailed to my residence.

I reserve the right to revoke and cancel this authorization. Such revocation and cancellation shall be effective within 5 business days following United of Omaha's receipt of the notice.

Payee Information	Bank Information
Full Name:	Bank Name:
Address:	Address:
Address:	Address:
City:	City:
State and ZIP Code:	State and ZIP Code:
Telephone Number: () -	Telephone Number: () -
Social Security Number:	Account Number:
Policy Number:	Bank ABA Routing/Transit Number:
Claim Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Check only one
Payee Number (for office use only)	Approved By/Date (for office use only)

X _____
 Payee Signature _____ Date _____

Contact Information

Please attach EITHER **a voided check for checking** OR **a deposit slip for savings** and return with this form to:

United of Omaha
HO8W-GDMS
3316 Farnam Street
Omaha, NE 68172-7420

Should you have any questions regarding EFT, please feel free to contact our customer service representatives toll free at **1-800-877-5176** (Monday-Friday between the hours of 8 a.m. and 4 p.m. CST).