

Direct Deposit

Important Information

This form authorizes Portico Benefit Services to directly deposit your ELCA benefit payments into your personal checking and/or savings account(s). You can elect to have your payments deposited into more than one account for which you are a sole- or joint-account holder. This authorization cancels any previous authorization on file.

A Member Information

Legal Name (First) _____ MI _____ Last _____ Social Security Number XXX-XX-□□□□
 Email Address _____ No Email Available Member ID □□□□□□□□
 Address _____
 City _____ State _____ ZIP Code _____
 () () ()
 Home Phone _____ Work Phone _____ Cell Phone _____

B Financial Institution Information

To start electronic payments, attach a voided check, and/or letter from your bank for your savings account. Your name must be pre-printed on the check. The letter from your bank must state you are the owner of the savings account and include corresponding routing number(s) and account number(s). Check one:

- Deposit my entire payment into the account number on voided check or in bank letter Checking Savings
or
 Divide my payment accordingly:
 \$ _____ into Checking Savings account ending □□□□ and the remaining amount into
 Checking Savings account ending □□□□.

C Signature of Member

For direct deposit of payments from my (Check all that apply):

- 1st Participating Annuity 2nd Participating Annuity 3rd Participating Annuity Survivor Benefit
 Medicare Part B Reimbursement

I authorize the electronic deposit of these payments to the account(s) listed in Section B. I understand this authorization cancels any previous authorization on file. **I have attached a voided check with my name pre-printed on it, and/or a letter from my bank as required in Section B.** If I do not return all necessary documents, I understand the electronic deposit of my payments will be delayed.

Member Signature (Required) _____ Date (MM/DD/YYYY) _____

Return this completed form and the appropriate voided pre-printed check(s) and/or letter(s) from your bank to the Portico Customer Care Center. Incomplete and/or illegible forms may be returned.

FOR OFFICE USE ONLY:
 ANNUITY
 SURVIVOR
 MEDICARE PART B

Portico Benefit Services
 800 Marquette Ave., Ste. 1050
 Minneapolis, MN 55402-2892

800.352.2876 / 612.333.7651 / F 612.334.5399
 mail@PorticoBenefits.org / PorticoBenefits.org



Benefit Services | A Ministry of the ELCA