

Direct Deposit Authorization Agreement



Personal Information

Please indicate if this is a New Request or a Change.

Payee Name Contract Number Social Security #/Tax ID

Joint Payee Day Telephone # Social Security #/Tax ID

Bank Information (Please attach a voided check for the account listed.)
Your name must appear on the account in order to process your request.

Financial Institution Name Branch

Mailing Address

Mailing Address

Bank Routing Number Account Number Account Type (i.e. savings, checking)

Name(s) on Account:

(Note: Aviva requires a minimum of 30 days advance notice to effect the direct deposit. An incomplete form will be returned to you at the address we have on record.)

Authorization Agreement (Read carefully.)

I/We authorize Aviva to automatically deposit any funds owed to me/us to the account listed at the Financial Institution named above. I/We authorize Aviva to debit the account only for the purpose of correcting an erroneous credit previously deposited to this account provided that, prior to the debit, Aviva has notified me/us in writing of the reason for the debit.

I/We understand that this agreement may be terminated by me/us or by Aviva at any time by written notification. Any such notification requires a reasonable time to act upon it.

Please sign, date and return a copy of this form to the address listed below. Keep a copy for your records.

Signature Date

Signature (joint annuity requires signature of both Payees) Date

Aviva Life Insurance Company of New York
Administrative Office
Batterymarch Park Bldg III
3 Pine Hill Drive, Quincy, MA 02169-7472
(888) 285-4332
Fax: (866) 811-9252

Name on Account points to: JOHN Q. CUSTOMER
1234 ANYWHERE LANE
SMALL TOWN, GA 12345

Financial Institution points to: YOUR BANK NAME
5556 MONEY STREET
SMALL TOWN, GA 12345

Routing Transit Number points to: 018273644

Account Number points to: 11 23 810029*

Check # points to: 0123

Other visible text on the check includes: Date _____, Pay To The Order Of _____, \$ _____, Dollars, Memo _____, and MICR line: @ 18 27 36 44 @ 11 23 81 00 29 * 0 1 2 3

INSTRUCTIONS ONLY
DO NOT RETURN THIS PAGE