

## **AUTOMATIC DEPOSIT & ELECTRONIC FUNDS TRANSFER FORM INSTRUCTIONS**

1. Print, complete, sign and return this form to enable USAA Life to deposit your annuity or TRICARE/Medicare Supplement claim payment(s) directly into your checking or savings account.

The checking or savings account holder must sign this form.

2. Return the completed form to:

USAA Life Insurance Company  
USAA Life Insurance Company of New York (Service Center)  
9800 Fredericksburg Road  
San Antonio, TX 78288

Or fax to 1-877-435-7099, or  
to 1-210-498-3243, if outside the United States

If you have any questions regarding this form, please call us toll-free in the United States.

Variable Products Service	1-800-531-4265
Life Insurance and Fixed Annuities	1-800-292-8556
Medicare and TRICARE	1-800-531-6978
Life Claims and Benefits	1-800-531-8455

**INSTRUCTIONS ONLY  
DO NOT RETURN THIS PAGE**

39521-1201  
MSF405ST



# Automatic Deposit/Electronic Funds Transfer Program

usaa.com

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form.

Through the Automatic Deposit and Electronic Funds Transfer program, USAA Life deposits TRICARE/Medicare supplement health claim, Income Replacement claim or annuity payments directly into your bank account. When you enroll in this program, you have many advantages!

- **Convenience** -- We can deposit claim or annuity payments directly into your bank or credit union account.
- **Security** -- If you are away from home, your payment doesn't sit in the mailbox, but is safely deposited in your account earning interest until you return.
- **Service** -- You gain access to your money sooner than if you have to wait for a check to come in the mail and then take or mail it for deposit. If your deposit is for a TRICARE, Medicare or Income Replacement claim, we'll notify you of the deposit on your explanation of benefits.
- **Flexibility** -- If you change banks or decide to cancel the service, just call us to complete the transaction.

To enroll, fill out and sign the authorization below.

Yes! I would like to take advantage of this program.

As a convenience to me (us), I (we) hereby authorize and direct USAA Life, and any Financial Institution it uses, to initiate electronic deposits (credits) of money owed by USAA Life for supplemental claims, Income Replacement claims or annuity payments at the financial institution listed below, and to initiate withdrawals (debits) if necessary for any deposit entries made in error. (We'll notify you before any withdrawal.) I (We) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until USAA Life has received notification from me (either of us) of its termination in such time and in such manner as to afford USAA Life a reasonable opportunity to act. I (We) also understand that if corrections in the amount of money deposited are necessary, it may involve an adjustment to my (our) account.

Provide us with the information as illustrated below.

John Q. Smith  
5678 Maple Street  
Your City, State USA

PAY TO THE ORDER OF \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Your Bank Name  
5556 Money Street  
Your Town, USA

Memo \_\_\_\_\_

⑆ 2 1 4 7 8 9 9 8 5 ⑆ ⑆ 5 4 2 8 0 0 0 2 4 2 2 7 0 6 ⑆ ⑆ 4 3 2 1

Name(s) of Account Holder(s): \_\_\_\_\_

Name(s) of Account Holder(s): \_\_\_\_\_

Financial Institution (must be complete name): \_\_\_\_\_

Bank Routing Code (nine digits): \_\_\_\_\_

Bank Account Number:  Checking  Savings \_\_\_\_\_

Check Number: \_\_\_\_\_

USAA Number \_\_\_\_\_ Date \_\_\_\_\_

Contract Number(s) \_\_\_\_\_

Signature of Account Holder(s) \_\_\_\_\_