

# EFT Direct Deposit Electronic Funds Transfer Authorization Agreement



(Please type or print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Financial Institution (Bank, Savings & Loan, Credit Union)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

Transit Routing Numbers (9 digit) \_\_\_\_\_

**If using a Checking Account, please attach a "VOIDED CHECK" here.**

(this provides bank & routing numbers).

**If using a savings account, attach a deposit slip.** (If your deposit slip does not have transit routing numbers, you will need to obtain these from your bank.)

I (We) authorize Hartford Life Insurance Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated above and the depository named above, hereinafter called Depository, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Hartford Life Insurance Company, has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford Hartford Life Insurance Company and Depository a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hartford Life Insurance Company  
Retirement Plan Solutions  
P.O. Box 1583  
Hartford, CT 06144-1583