

# Burial Insurance Death Benefit Direct Deposit Authorization Form

Policyholder Name

Policy Number

Claimant Name

Phone Number

Email Address

Mailing Address

City

State

ZIP Code

## Bank Information

Bank Name / Financial Institution

Routing Number

Account Number

Account Type

Name on Account

## Authorization

I authorize the insurance company to direct deposit the death benefit proceeds into the account detailed above.

Claimant Signature

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Date

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