



WESTERN UNITED LIFE ASSURANCE COMPANY
 P.O. Box 2290 • Spokane, WA 99210-2290
 929 W Sprague Avenue • Spokane, WA 99201-4014
 800-247-2045 • Fax 509-835-3190 • www.wula.com

**AUTHORIZATION FOR
DIRECT DEPOSIT**

I/we hereby authorize Western United Life Assurance Company, hereinafter called the Company, to initiate credit and/or debit entries as adjustments for any credit entries made in error, to my/our

Checking Savings account.

The depository named below, hereinafter called Depository, is hereby authorized to credit and/or debit the same to such account as indicated:

_____ Depository Name	_____ Branch
_____ City	_____ State
_____ Transit/ABA Number	_____ Account Number
	_____ Zip Code

These credits/debits will be authorized from my/our annuity policy number(s):

 The source of the credit/debit will be the option chosen below: *(choose only one option)*

- * 1. New periodic annuity withdrawals, payments, or interest earnings:
 Deposits of the authorized withdrawals are scheduled to begin on _____
 Interest or Specified Amount \$ _____
 Mode of Payment is Monthly Quarterly Semi-Annual Annually
- 2. Existing periodic annuity withdrawals, payments, or interest earnings.
- * 3. **Rapid Withdrawal Request** by telephone. The Company's service representative with whom I/we speak, will require verification of certain identification items including the pre-established four digit Personal Identification Code shown below:

Use numbers only) _____

***Options 1 & 3 also require completed W4P and W9 forms.**

This agreement will remain in effect until the Company terminates it or until a written notice is received from me of its termination and the Company has sufficient time to act upon it. If, at any time my/our Depository changes, I/we will provide a new Authorization for Direct Deposit form.

X _____
Policyowner Signature _____
Date

X _____
 Joint Policyowner's Signature *(if applicable)*

PLEASE ATTACH A VOIDED CHECK HERE

THE DIRECT DEPOSIT CANNOT BE PROCESSED WITHOUT THE CORRECT TRANSIT/ABA # & THE ACCOUNT #

You will receive a copy of this authorization.