



As a policyholder, I request that Catholic Order of Foresters (COF) convert my account(s) to direct deposit. I authorize COF to direct deposit any future account payments, unless I cancel this request in writing.

I also agree and understand that it takes 10 business days for this process to go into effect, and COF will hold any withdrawals after conversion begins until that period ends.

SECTION A: POLICYHOLDER INFORMATION

Provide your information as it appears on bank statements.

Policyholder Name		COF Policy Number(s)	
Address (Street / City / State / ZIP)			
Email	Phone (Include Area Code)	Last 4 digits of SSN	

SECTION B: BANK INFORMATION

Provide information for one bank account type.

Bank Name/Branch		Bank Phone (Include Area Code)	
Address (Street / City / State / ZIP)			
Authorized Account Holder Name		Authorized Account Holder 2 Name (If a joint bank account)	
Select one bank account type: (Provide a voided personal check or savings deposit slip)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number (9 digits)		Account Number	

SECTION C: SIGNATURE

Account Holder Signature	Date
Account Holder 2 Signature (If joint bank account)	Date

HOME OFFICE USE ONLY

Payee's Name Receiving Direct Deposit _____

Name ID _____