



DIRECT DEPOSIT FORM FOR PAYEES

Completing this form is optional. You are not required to complete it unless you are authorizing Catholic Order of Foresters (COF) to set up a direct deposit payment for all COF Policy Number(s) connected with you. If all of your policies are already on direct deposit, you do not need to complete the form. Once your policies are on direct deposit, all payments will be received by direct deposit unless you cancel direct deposit in writing.

I request COF to deposit any funds due to me via direct deposit. I agree that when I elect to change this payment method, it is my responsibility to cancel the direct deposit in writing for my applicable policy(ies).

Additionally, I acknowledge that it can take up to ten (10) business days for the addition/removal of direct deposit to be processed. If I have any questions, I can contact the COF Home Office at 800-552-0145.

SECTION A: PAYEE INFORMATION

Provide necessary personal information as it appears on your bank statement requested for the Direct Deposit.

Payee Name		COF Policy Number
Address (Street, City, State, ZIP)		
Email	Phone (Include Area Code)	SSN (Last 4 digits)

SECTION B: BANK INFORMATION

- Provide information for only one bank account type below.
- A legible copy of a voided check or savings deposit slip is required.
- Both authorized account holder names must be provided for joint accounts

**** THE REQUESTED BANK MUST BE A PART OF THE U.S. FEDERAL RESERVE. NO EXCEPTIONS ****

Bank Name / Branch		Bank Phone (Include Area Code)
Bank Address (Street, City, State, ZIP)		
Authorized Account Holder Name		Authorized Joint Account Holder Name (if applicable)
Bank Account Type: ☐ CHECKING – I am including a voided check copy. OR ☐ SAVINGS – I am including a Savings Deposit slip copy.		
Routing Number: (9 digits)		Account Number:

SECTION C: SIGNATURE

(If the bank account is joint, both signatures are needed.)

☐ I/We acknowledge by signing this form all future funds payable to me/us will also be transferred via direct deposit unless the direct deposit is cancelled in writing.

Account Holder Signature	Date	Joint Account Holder Signature	Date
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☐ Check box if the Joint Account Holder is deceased, acknowledging the deceased's signature is not attainable.

HOME OFFICE USE ONLY

Payee's Name Receiving Direct Deposit _____
Name ID _____