Authorization Form

Request For Automatic Deduction From Checking/Savings Account

For Automatic Deduction from checking or savings account, complete and sign bottom:

Name of Financial Institution: _____

City and State _____

Routing Transit/ABA number (9-digits) _____

Account Number _____

Withdraw from account of (name) _____

Type of Account: Checking _____   Savings _____

I request that each month:
The deduction will occur **on or about the**   15th _____   **or** End of Month _____
                        (Please mark one)

<mark>Note: Attach a voided blank check for a checking account or a deposit slip for a savings account to validate account information.</mark>
                        Please sign below

I hereby authorize Woodmen of the World/Omaha Woodmen Life Insurance Society to deduct premiums for employee benefits directly from my checking/savings account listed above. I understand that I may revoke this authorization at any time at which time such deductions and benefits would cease.

__ __ __ __ __ __ __ __ __   _____   _____
Social Security Number   **EE# / Field Code**   **Name (Please Print)**

_____   _____
Signature authorizing either Automatic Deduction or Charge   **Date**