



DIRECT DEPOSIT AUTHORIZATION & AGREEMENT

CONTRACT INFORMATION	
NAME: _____ _____	POLICYHOLDER # _____
SOCIAL SECURITY # _____ (Vendor # for Treasury Use Only)	

BANK INFORMATION	
BANK NAME AND ADDRESS: _____ _____ _____ _____	ROUTING # _____ BANK ACCOUNT # _____ TYPE OF ACCOUNT: (Select One) <div style="display: flex; justify-content: flex-end; gap: 20px; margin-top: 5px;"> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS </div>

PLEASE ATTACH A CHECK MARKED "VOID" OR BANK DOCUMENT INDICATING YOUR FULL ACCOUNT NUMBER AND ROUTING NUMBER.

I (we) authorize and request The Lincoln National Life Insurance Company, and its subsidiaries, to make payment of any amounts owing to me (either of us) by initiating credit entries or adjustment entries to my account indicated above in the bank named above, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries or adjustment entries initiated by The Lincoln National Life Insurance Company to such account without responsibility for the correctness thereof.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to The Lincoln National Life Insurance Company or BANK. Any such notification to The Lincoln National Life Insurance Company shall be effective only with respect to entries initiated by The Lincoln National Life Insurance Company after receipt of such notification and a reasonable opportunity to act on it. I understand that The Lincoln National Life Insurance Company is required to send a notification and a reasonable opportunity to act on it. I understand that The Lincoln National Life Insurance Company is required to send a notification to BANK before the first transaction. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

It is also understood that this agreement shall not modify or alter the other provisions of the policy(ies) or supplementary contract which provides for any payment due me.

ACCOUNT HOLDER SIGNATURE: _____ **DATE:** _____

FOR THE LINCOLN NATIONAL LIFE INSURANCE COMPANY USE ONLY

TO BE COMPLETED BY THE LINCOLN NATIONAL LIFE INSURANCE COMPANY REPRESENTATIVE.

REPRESENTATIVE: _____ **DATE:** _____