Wichita National Life Insurance Company
Phone 800.522.1625
Fax 888.453.2290
Email WNL@wnlic.com

Electronic Funds Transfer (EFT) Deposit Authorization

Contract Number	Annuitant	Owner (if other than Annuitant)

Accountholder Name
Account Type ☐ **Checking Account** ☐ **Savings Account**
Bank Name
Account Number
Routing Number (the 9-digit number at the bottom of your check)

To ensure accuracy, submit a voided check.

AUTHORIZATION

I authorize Wichita National Life Insurance Company to deposit any funds payable to me via electronic funds transfer.

***Signature of Owner** **Date**

***Signature of Joint Owner (if applicable)** **Date**

***If trust, custodial, corporate, or partnership owned, must include a title after the signature (e.g., Trustee, Custodian, etc.). If signing pursuant to a power of attorney, must indicate this after signature (e.g., POA, Attorney-in-Fact, etc.**