



# Electronic Funds Transfer (EFT) Authorization For Direct Deposits (ACH Credits)



www.avivausa.com

## 5. YOUR CONFIRMATION

I acknowledge that:

- 1) This request is to remain in full force and effect until Aviva has received written notification of termination in such time and in such manner as to afford Aviva and the Depository a reasonable opportunity to act on the notification.
- 2) The first direct deposit may be deferred for a period of twenty (20) to fifty-one (51) days after the date this authorization is received unless otherwise notified. I authorize Aviva to make interim payments by check to the address of record unless payments are currently being sent to an alternate address. If payments are currently being sent to an alternate address, I understand that the payment(s) will be mailed to that address until the direct deposit begins.

Signature of Owner

Date

If you are signing on behalf of the owner, please print your name and provide your signature below and check one of the boxes to indicate the capacity in which you are signing. Please provide documentation with the request to verify your authorization to act on behalf of the owner.

Conservator    Guardian    Power of Attorney

Signature

Date

Print Name

**We appreciate your business and are committed to providing you with timely, accurate and caring service. If you have any questions or need additional information, please contact your Agent or our Customer Service Call Center at the number provided on this form.**

