



Structured Settlement Unit  
 51 Madison Ave, Room 809  
 New York, NY 10010

Tel: 855-469-5772  
 Fax: 212-447-7887  
 Email: SSService@nyl.com

### AUTHORIZATION FOR DIRECT DEPOSIT

I, \_\_\_\_\_, hereby authorize the New York Life Insurance Company(the Company) to pay all amounts as they become due to the Financial Organization described below for credit to my account. I authorize the Financial Organization to debit my account and refund any overpayment to the Company.

I agree that all payments so made shall discharge the Company to the extent of the payments. I further agree that any payments so made after my death shall not be held for the benefit of my estate, but shall be repaid to the Company so that, if applicable, the Company can reissue any such payments to the proper party.

I authorize and direct said Financial Organization to refund to the Company an amount equal to any payments made after my death, and if any such payments shall have been credited to my account, or to the account of my estate, to charge such account accordingly.

I reserve the right to revoke or cancel this authorization and direction by giving written notice to the Company at its Home Office.

#### Payee Information

Payee Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Contract/Policy Number: \_\_\_\_\_  
 (Begins with FP or 77)  
 Social Security Number: \_\_\_\_\_

#### Financial Organization Information

Bank Name: \_\_\_\_\_  
 Bank Phone Number: \_\_\_\_\_

ABA/Routing #										Account #										
:									:	:										:

Checking Account (Attach a copy of a pre-printed voided check)\*  
 or  
 Savings Account (Attach copy of a deposit slip)\*

*\* New York Life will need to verify that the personal checking or savings account that you want us to send your payment(s) to is in the payee's name. Therefore, we will require a "voided" personal check or a correspondence/statement from your financial institution illustrating the account name and number.*

Payee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Payee/Accountholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If Applicable)

**Please return signed and dated form by Mail, Fax or Email.**