

Direct Deposit Form

Luther Seminary is pleased to be able to offer you the convenience of direct deposit for your annuity payments. You can have your annuity check automatically deposited in your checking or savings accounts. And you don't have to change your present banking relationship to take advantage of this service.

Direct Deposit will help you in many ways:

- It saves trips to your financial institution
- It saves time in depositing checks – no long lines to wait in
- It eliminates the possibility of lost or stolen checks and forged signatures
- Your money is deposited faster – reduces the possibility of overdrafts
- Your money is deposited even if you are on vacation or cannot get to the bank.

Here's how Direct Deposit works:

By your payment date, you will receive a letter from Luther Seminary noting the amount of the deposit and that the funds are in your account. The deposit will also appear on your next bank statement. Direct deposit is safe, convenient and easy.

To take advantage of this service, complete the attached authorization form and return it to Luther Seminary in the enclosed envelope. The authorization form gives Luther Seminary and your financial institution authority to make and receive deposits to your account.

Directions:

1. Mark the box for the type of account your payment will be deposited to – checking or savings
2. Provide your name and your financial institution's name and location
3. **Attach a voided check** for verification of financial institution information. If you are unable to attach the voided check, please provide your account and transit routing numbers
4. Be sure to sign and date the form!
5. Return in enclosed envelope



SEMINARY RELATIONS

2481 COMO AVENUE, ST. PAUL, MN 55108

888-358-8437 | luthersem.edu

Authorization for Direct Deposit of Beneficiary Payments



I hereby authorize **Luther Seminary** acting as Trustee, to make direct deposits from any and all accounts of which I am beneficiary or gift annuitant to my account at the Financial Institution named below. Also the Trustee is authorized to void any incorrect deposit made to my account and reinitiate a correct deposit. I will not hold the Financial Institution names below liable for any erroneous deposits made by the Trustees. This authorization shall remain in effect until written notice is given to the Trustee by the undersigned.

Signature

Date

Signature

Date

Print Beneficiary Name(s)

Address

City, State, Zip Code

Name of Trust

Financial Institution Information

Financial Institution Type:

- Bank/Savings & Loan/Credit Union
- Checking Account
- Savings Account
- Brokerage Account

Bank Phone Number

Account Holder Name

Bank Account Number

ABA Number

Bank Name

Bank Address, City, State, Zip Code

For checking accounts, a voided check to which payment(s) will be deposited is required. For non-checking accounts, the beneficiary should contact the financial institution to obtain valid ACH/EFT transfer instructions.

For Trustee Use Only: Bank Account Number: _____ ABA Routing Number: _____



SEMINARY RELATIONS

2481 COMO AVENUE, ST. PAUL, MN 55108
888-358-8437 | luthersem.edu