



MEDMUTUAL LIFE™
 A Medical Mutual Company
 15885 W. Sprague Road
 Strongsville, Ohio 44136-1772

**Group Disability Insurance
 Request for Direct Deposit via ACH**

Telephone: 866-925-2542
 Fax: 440-878-6916
 Email Address: Claims@medmutual.com

Group Number

Please check one: Establish Direct Deposit Change Bank or Account Information

To authorize MedMutual Life Insurance Company to deposit your disability benefit to your checking or savings account, please return this completed form to our office. If you have any questions, please contact the Claims Department at 866-925-2542.

Group/Employer Information:

Group Name: _____

Claimant's Information:

Name: _____
First MI Last

Email Address to notify you of direct deposits (optional): _____

Banking Information:

Bank Name: _____ Account Type: Checking Savings

John and Jane Doe		1383
123 Main St. Anytown, OH 12345		Date _____
<i>Pay to the order of</i> _____		\$ _____
		<i>Dollars</i>
Bank of Somewhere		
<i>For</i> _____		
:111000029;	004991234567;	1383

Please contact your financial institution if you have questions regarding your Routing Number.

↓
 Your Nine Digit Bank Routing Number: _____

→ Your Bank Account Number: _____

Claimant Authorization:

I authorize MedMutual Life Insurance Company ("MedMutual Life") to deposit my disability benefit to the above account. I understand that any deposit made to an inactive account will be returned to MedMutual Life and reissued as a check. I also authorize MedMutual Life to initiate debit entries to adjust any overpayment.

I can cancel this authorization at any time by giving MedMutual Life written notice.

Account Owner Name: _____
First MI Last

Street Address: _____

City _____ State _____ Zip Code: _____

Signature Date