

**Direct Deposit  
Authorization Agreement**

Products and financial services provided by  
American United Life Insurance Company®  
a OneAmerica® company  
P.O. Box 7003  
Indianapolis, IN 46207  
Fax: 1-844-287-9499  
Toll Free Phone: 1-855-517-6365  
Disability.claims@oneamerica.com



New Direct Deposit       Change to Current Direct Deposit       Cancel Direct Deposit

**PLEASE PRINT**

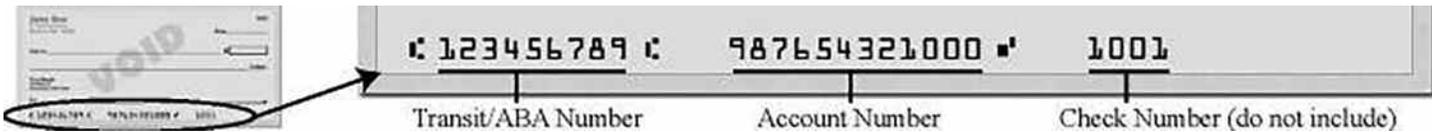
Name:	Social Security Number:
-------	-------------------------

Please fill out either the Checking Account Information Section or the Savings Account/Credit Union Information Section. American United Life Insurance Company® (AUL) will only deposit to one account.

**CHECKING ACCOUNT INFORMATION**

Obtain this information directly from the bottom of your check. Please include a copy of a **voided check**.

Name of Financial Institution:	
Address of Financial Institution:	
Transit/ABA Number:	Account Number:



**SAVINGS ACCOUNT / CREDIT UNION INFORMATION**

Please obtain this information from your financial institution.  
The information on your deposit slip is not applicable for this purpose.

Name of Financial Institution:	
Address of Financial Institution:	
Transit/ABA Number:	Account Number:

**AUTHORIZATION**

I authorize American United Life Insurance Company® (AUL) to electronically deposit all payments due me from the policy identified above into the account identified above. I discharge and release AUL from further liability for any payments so deposited to my account. I authorize AUL to pursue corrections, if necessary, to any amounts credited to my account in error. AUL will notify me of the error and amount of overpayment.

Any such payments shall be returned to AUL by the Financial Institution if funds are available in my account or shall be returned to AUL by me, my legal representative, my estate or my heirs if the funds in my account are not sufficient to make the required correction.

I understand that AUL may terminate this electronic fund transfer at any time and for any reason and may make payments by check instead. I also understand that I may revoke this authorization at any time by written request which will be effective when received and acknowledged by AUL at its Home Office.

Signature:	Date:
------------	-------