



PERSONAL INFORMATION:

Name

Social Security Number  
- -

Phone Number ( ) -

Area Code

BANK INFORMATION:

Bank Name

Checking Account\*  
 Savings Account

\*(attach voided check for Checking Account information)

Bank Address

Account Number

Routing Number

I hereby authorize Prudential to make all payments due me to the bank indicated above for Direct Deposit into my account. To correct any overpayment credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to Prudential. This authorization will remain in effect until further written notice from me is received by Prudential and Prudential has had reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_