



Electronic Funds Transaction Authorization

Send to: **Continental American Insurance Company**
Mail: Post Office Box 427 Columbia, South Carolina 29202
Phone: (866) 849-0011 Fax (866) 849-2970
Email: groupclaimfiling@caicworksite.com

I would like to:		
<input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change direct deposit of my claim payment(s).		
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
**** Please provide a blank voided check or direct deposit form from your financial institution. Incomplete or inaccurate information will not be processed.		
9-Digit Routing Number:	Account Number:	
<i>Remember: The 9-digit number on a deposit slip is <u>not</u> a routing number. You can obtain the routing number from a check or from your financial institution. See example above.</i>		
Name of Financial Institution:		
Address:	City:	
State:	Zip:	Phone:

Authorization Agreement for Direct Deposit

I authorize Continental American Insurance Company (CAIC) to initiate credit entries, and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization remains effective and in full force until CAIC receives written notification from me of its termination in such time and in such manner to afford CAIC a reasonable opportunity to act on it. Please notify CAIC immediately if your financial institution information has changed by sending notification to the address indicated above. Should you have any questions, please contact us at 1-866-849-0011.	
Certificateholder's Name (<i>print</i>):	
Address:	City/State:
Zip:	Phone #:
Employer Name or Group #:	Certificate #:
Signature:	Date: