

**The Penn Insurance and Annuity Company of New York**

Administrative Office Mailing Address:

PO Box 390 Millville NJ 08332-0390

P: 1-855-436-0952

# Direct Deposit Authorization

## ♦ OWNER INFORMATION

Name of Owner: _____	Contract Number: _____
Phone Number: _____	

## ♦ PAYMENT INFORMATION

Please indicate the type of disbursement for which this form will be used:

**Systematic Distribution**     **Required Minimum Distribution**     **Annuity Payments (Periodic Distributions)**

**Name on Account:** \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Street

City

State

Zip

Transit Routing Number: |: \_\_\_\_\_ |: **Please contact your financial institution for correct information.**

Account Number: \_\_\_\_\_    **Type of Account:**     **Checking**     **Statement Savings**

## ♦ SIGNATURE INFORMATION

1. I authorize The Penn Insurance and Annuity Company of New York (PIA of NY) to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above.

2. The privilege of receiving deposits under this plan may be revoked by the Company if any deposit can not be made into the specified account.

3. The deposits under this election may be discontinued by the Company or the undersigned upon ten (10) days written notice.

4. I understand that PIA of NY is relying on the information that I have provided on this form, and further understand that PIA of NY will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

Print Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_    Date: \_\_\_\_\_

For Internal Use Only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_