

Group Disability Insurance

The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/mybenefits

Group Disability Insurance Electronic Funds Transfer Authorization

Enrollment

To enroll in Prudential's Electronic Funds Transfer (EFT) payment service, please provide the following information. If you elect to have Prudential deposit the funds in your savings or checking account, you must first check with your bank to obtain the correct bank transit routing number and account number for electronic deposit. Please note that a deposit slip does not contain acceptable banking information. If you have any questions, please call us toll free at 800-842-1718.

*Please note that not all policies are designed to participate in the Electronic Funds Transfer option.

Contact your employee benefits representative or disability plan trustee for details.

Claimant's First Name MI Last Name Claim Number Primary Phone Number Primary Phone Number Type of Account (Select One) Bank Transit Routing Number Bank Transit Routing Number Bank Transit Routing Number Bank Account Number Bank Account Number Bank Account Number Bank Transit Routing Number Bank Transit Routing Number Bank Account Number Bank Account Number Bank Account Number Bank Account Number Bank Transit Routing Number Bank Transit Routing Number Bank Account Number Bank Account Number Bank Transit Routing Number Bank Transit Routing Number Bank Account Number Bank Account Number Bank Account Number Bank Transit Routing Number Bank Account Number Bank Account Number	Employer's Name					Control Number (
Banking Information Branch Phone Number	Employer's Name					CONTROL NUMBER (required)				
Banking Information Branch Phone Number										
Bank Name Branch Phone Number Type of Account (Select One)	Claimant's First Name		MI Last Name			Claim Number				
Bank Name Branch Phone Number Type of Account (Select One)										
Branch Phone Number Type of Account (Select One)	Social Security Numb	er Primary Phone	Number							
Branch Phone Number Type of Account (Select One)										
Branch Phone Number Type of Account (Select One)										
Branch Phone Number Type of Account (Select One)	Ranking	Bank Name								
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City Date Signed (MM DD YYYY) X	Information									
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City Date Signed (MM DD YYYY) X	Payment Plan Agreement	Branch Phone Number	Type of A	ccount (Select One)						
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name City State ZIP Code Date Signed (MM DD YYYY)					ing					
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City State ZIP Code Date Signed (MM DD YYYY) X		Ponk Transit Pouting Number			5					
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City State ZIP Code Date Signed (MM DD YYYY) X		Bank Iransit Houting Number	Dank Acc	ount Number						
Payment Plan Agreement I authorize the Prudential Insurance Company of America to make electronic fund deposits of my disability benefit payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City State ZIP Code Date Signed (MM DD YYYY) X										
payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such disability benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not be deemed effective until Prudential has received my written notice. Account Owner First Name MI Last Name Street Apartment City State ZIP Code Date Signed (MM DD YYYY) X		(NINE-DIGIT BANK TRANSIT ROUTING NUMBER)	(BANK ACC	DUNT NUMBER)						
City State ZIP Code Date Signed (MM DD YYYY)		claim payments. I can cancel this authorization at any time by giving Prudential written notice. Any notice hereunder will not ledemed effective until Prudential has received my written notice. Account Owner								
City State ZIP Code Date Signed (MM DD YYYY)										
City State ZIP Code Date Signed (MM DD YYYY)		0								
Date Signed (MM DD YYYY) X		Street			Apartm	nent				
Date Signed (MM DD YYYY) X										
<u>X</u>		City		State	ZIP Code					
<u>X</u>										
<u>X</u>					Date Signed	(MM DD YYYY)				
Signature		V								

Claimant's Social Security Number										

Instructions for Completing Section 3, "Banking Information" This will help you identify the necessary bank information to initiate electronic withdrawals. The nine-digit transit routing number is how we recognize the bank you do business with.

Record all banking information on page 1 of the form in Section 3, "Banking Information". Please call your bank to confirm that the information you are supplying is correct.

Customer XYZ Check No. 1246 **XYZ Street** City, State, ZIP PAY TO THE \$ ORDER OF **Dollars Bank XYZ UXYZ Street** City, State, ZIP A27202754 006666D6666C 1246 This is the bank transit This is your bank account This is the check

routing number.

It is always nine digits and appears between the ":" symbols.

Record this number in the boxes provided in Section 3, "nine-digit bank transit routing number."

number. It varies in number of digits and may include dashes or spaces.

The "<" symbol indicates the end of the account number.

Record the account number in the boxes provided in Section 3, "Bank Account Number" and include any dashes and spaces that are within the account number.

If there are any digits to the right of the "<" symbol (which do not represent the check sequence number), record them in the boxes provided.

sequence number. It may be on either end of your check. Please do **not** include this on the authorization form.

This page consists only of **Instructions**: It is not necessary to return this page with your EFT Authorization.

© 2015 Prudential Financial, Inc. and its related entities.

GL.2003.247

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

362577 Page 2 of 2

Ed. 11/2015