

# Electronic Funds Transfer (EFT) Authorization Form

**Aetna Life Insurance Company**  
151 Farmington Avenue  
Hartford, CT 06156-0665

Telephone: 1-800-952-2700

<b>Payee/Joint Account Holder Information</b>  To be completed by Payee. Please Print	Your Name ( <i>Last, First, Middle Initial</i> )	Social Security No.	
	Address ( <i>No. &amp; Street</i> )	Telephone No.	
	City/Town	State	Zip Code
	Joint Account Holder Name ( <i>Last, First, Middle Initial</i> )	Social Security No.	

<b>Financial Information</b>	I agree and acknowledge that you send my payments for automatic credit to:			
	Type of Account ( <i>please check one</i> )	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
	Financial Institutional Name			
Bank Account No.	ABA Routing No. ( <i>9 digits</i> )			

<b>Payee/Joint Account Holder Agreement</b>	<ul style="list-style-type: none"> <li>Aetna will send payments to this account until we notify Aetna otherwise in writing.</li> <li>If the payment due date falls on a weekend or holiday, we understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available.</li> <li>I/We will advise Aetna of any change to the information required on this form.</li> <li>I/We will send Aetna proof on request that the Payee is still living.</li> <li>Joint Account Holder will notify Aetna immediately in the event of the Payee's death.</li> <li>In the event of an overpayment, I/we agree that Aetna may debit this account automatically to recover the overpayment.</li> <li>In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to Aetna any information on this account and Account Holders.</li> </ul>
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<b>Signatures</b>	Payee's Signature	Date (mm/dd/yyyy)
	Joint Account Holder's Signature (required if joint account)	Date (mm/dd/yyyy)

<b>Pre-Notification</b>  Please be sure the information on this form is accurate and complete.	<p>If EFT is available at your financial institution, processing this authorization form will cause your next benefit amount to be mailed to your financial institution while account data is verified. This is the pre-notification process required by law. Upon verification, your next benefit amount will be transmitted via EFT.</p> <p>If you use a money market account that is part of a brokerage firm (not a bank), they must be able to accept payments by mail so they can comply with the mandatory pre-notification process. If they cannot, EFT will not be available.</p>
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Attach a voided personal check in the space provided.	<h2>Please attach a VOIDED CHECK</h2>
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