



Electronic Funds Transfer (EFT) Authorization Form

Aetna Life Insurance Company
 Large Case Pensions – RTAA
 151 Farmington Avenue
 Hartford, CT 06156-0665
 Fax: 1-860-262-7412
 Telephone: 1-800-952-2700

Payee/Joint Account Holder Information To be completed by Payee. Please print.	Your Name (Last, First, Middle Initial)		Social Security No.	
	Address (No. & Street)		Telephone No.	
	City/Town	State	Zip Code – 4 Digit Zip	
	Joint Account Holder Name (Last, First, Middle Initial)		Social Security No.	

Financial Information	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>)			

Payee/Joint Account Holder Agreement	<ul style="list-style-type: none"> • Aetna will send payments to this account until we notify Aetna otherwise in writing. • 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. • I/we will advise Aetna of any change to the information required on this form, particularly any changes in resident address to facilitate the delivery of tax documents. • I/we will send Aetna proof on request that the Payee is still living. • Joint Account Holder will notify Aetna immediately in the event of the Payee's death. • In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment. • 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.
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Signatures	Payee's Signature	Date (mm/dd/yyyy)
	Joint Account Holder's Signature (<i>required if joint account</i>)	Date (mm/dd/yyyy)

Pre-notification Please be sure the information on this form is accurate and complete.	If EFT is available at your financial institution, processing this authorized form will cause your next benefit amount to be transmitted via EFT <u>provided all information is complete, accurate and received by Aetna in sufficient time to process your request.</u>
	If you use an institution that is not a bank, they must be able to accept payments by EFT. If they cannot, EFT will not be available.

MANDATORY Attach a voided personal check in the space provided.	<p>Please attach VOIDED CHECK (For checking account only)</p> <p>This check must be imprinted with the name and address. (We cannot accept starter checks)</p>
	<p>Note: If the type of bank account elected is Other, or if you only have starter checks, then you must include a copy of your bank statement or a letter from the bank with the bank official's signature so that we may verify the name, address, account number and bank routing number.</p>