American Century Life Insurance Company

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1333 W. McDermott Dr. #200, Allen, TX 75013

# Banking Verification

## Policy Information

Owner(s) Name: ____________________ Policy #: ____________________

## Account Verification

All electronic transaction requests must be accompanied by a Banking Verification form. Attach a voided check or withdrawal slip and confirm account type, i.e. Checking or Savings.

1. **For Checking Accounts**: Please Write "Void" on a blank check (Deposit slip not acceptable), which shows the routing number and account number
2. **For Savings Accounts**: Please Write "Void" on a blank savings withdrawal slip, which shows the routing number and account number

Bank Name: ____________________ Account Type: ☐ Checking ☐ Savings

Routing Number: ____________________ Account Number: ____________________

PLACE VOIDED CHECK
OR
SAVINGS WITHDRAWAL SLIP HERE

## Signatures

| Owner Name | Owner Signature | Date |
|---|---|---|

Spouse signature is required for all changes to all IRA/qualified plans.
If you do not have a spouse, please confirm by checking the box: ☐ I confirm I do not have a spouse

| Joint Owner/Spouse Name | Joint Owner/Spouse Signature | Date |
|---|---|---|