# Lincoln Data Direct Authorization for ACH Debit

Company Name_____

Company Address_____

Contract Number:_____

## ACH debit authorization

I (we) hereby authorize The Lincoln National Life Insurance Company ("LNL") to initiate debit entries from my (our) checking/savings account indicated below at the depository named below, hereinafter called Depository, to debit the same to such account. This authorization will only allow LNL to access funds that LNL is otherwise authorized to draw against.

If we change financial institutions or account numbers, or want to discontinue this agreement, we agree to give 30 days written notice to LNL. Notice to the financial institution only is not sufficient. Any debit returned to LNL marked "insufficient funds or uncollected funds" will automatically be processed against the account a second time. LNL assumes no responsibility for bank charges or, in the case of registered security products, for investment losses on these debits.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

(9 ) Digit ABA Routing Number: __ __ __ __ __ __ __ __ __

Account Number: _____

Check one: ❑ Savings Account

☒ Checking Account

_____ _____

Authorized Signature Date

_____

Title

**Please fax to 260 455-5984**