

EFT ENROLLMENT FORM

I authorize Prudential to deposit compensation payments directly to the Account named below when appropriate. This authorization shall remain in full force and effect until Prudential has received, and has reasonable opportunity to act upon, the written notification from me of its termination. *(Please allow 1-2 pay cycles for processing).*

I authorize the Company to adjust this account for any funds erroneously credited by the Company.

Name: _____

Social Security or Tax Identification Number: _____

Contract Number: _____

Bank Name: _____

Bank Street Address: _____

City, State and ZIP Code: _____

Bank Branch Number: _____

Check One:

☐ Checking—Attach a voided or canceled check indicating bank's name and address *(photocopies acceptable)*.

Checking Account Number: _____

Bank Transit Routing Number *(9 digits)*: _____

☐ Savings—Attach a deposit slip indicating the bank's name and address *(photocopies acceptable)*.

Savings Account Number: _____

Bank Transit Routing Number *(9 digits)*: _____

Signature _____

Date _____

Mailing instructions

Please return this form completed and signed to:

Fax:

732-482-8935

Structured Settlement Operations

U.S. Mail:

The Prudential Insurance Company of America

Structured Settlement Operations

655 Broad Street

Newark, NJ 07102