

Group Insurance Electronic Funds Transfer Authorization

The Prudential Insurance Company of America P.O. Box 13480, Philadelphia, PA 19176 Tel: 800-842-1718 Fax: 877-889-4885 www.prudential.com/mybenefits

Enrollment

To enroll in Prudential's Electronic Funds Transfer (EFT) payment service, please provide the following information. If you elect to have Prudential deposit the funds in your savings or checking account, you must first check with your bank to obtain the correct bank transit routing number and account number for electronic deposit. Please note that a deposit slip does not contain acceptable banking information. If you have any questions, please call us toll free at 800-842-1718.

*Please note that not all policies are designed to participate in the Electronic Funds Transfer option.

Contact your employee benefits representative or plan trustee for details.

2 Employer's	Name		Control	Numb	er (requ	ired)		
Claimant's	imant's First Name Claim Number							
Social Seco	LLL urity Numbe	Primary Phone Number						
		Timilary From Ramosi						
3 Bankin	n	Bank Name						
Informa								
		Branch Phone Number Type of Account (Select One)				•		
		Savings Checking						
		Bank Transit Routing Number Bank Account Number						
			1					
		(NINE-DIGIT BANK TRANSIT ROUTING NUMBER) (BANK ACCOUNT NUMBER)						
4		THE DOLL DAILY HOUSE HOUSELY						
Paymei Plan	lan lauthorize the Prudential Insurance Company of America to make electronic fund deposits of my benefit payment to my account. I understand that any deposit made to an inactive account will be returned to Prudential and reissued as a manual check. In addition, if any overpayment of such benefits is credited to my account in error, I authorize Prudential to withdraw any payments necessary in order to assure the accuracy of my claim payments.							
		I can cancel this authorization at any time by giving Prudential written notice. Any notice here deemed effective until Prudential has received my written notice.	under \	vill n	ot be			
		Account Owner						
		First Name MI Last Name				_		
		Street Apartment						
		City State ZIP Code						
		Date Signed (MM DD YYY	Y)					
		X						
		Signature						



Instructions for **Completing** Section 3, "Banking Information"

This will help you identify the necessary bank information to initiate electronic withdrawals. The nine-digit transit routing number is how we recognize the bank you do business with.

Record all banking information on page 1 of the form in Section 3, "Banking Information". Please call your bank to confirm that the information you are supplying is correct.

Customer XYZ XYZ Street City, State, ZIP	Check No. 1240		
PAY TO THE ORDER OF			\$ Dollars
Bank XYZ UXYZ Street City, State, ZIP	000000000000000000000000000000000000000	4040	
A27202754	006666D66666C	1246	
This is the bank transit routing number. It is always nine digits and appears between the ":" symbols. Record this number in the boxes provided in Section 3, "nine-digit bank transit routing number."	This is your bank account number. It varies in number of digits and may include dashes or spaces. The "<" symbol indicates the end of the account number. Record the account number in the boxes provided in Section 3, "Bank Account Number" and include any dashes and spaces that are within the account number. If there are any digits to the right of the "<" symbol (which do not represent the check sequence number), record them in the boxes provided.	This is the check sequence number. It may be on either end of your check. Please do not include this on the authorization form	

This page consists only of **Instructions**: It is not necessary to return this page with your EFT Authorization.

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