

Fax Cover Sheet

Payee Information:

Name: _____ Contract Number: _____

Social Security No: _____ Phone #: _____

Guardian/Power of Attorney Information (if applicable):

Name: _____

Social Security No: _____ Phone #: _____

Financial Institutions / Bank Information:

Bank Name: _____ Address: _____

Phone #: _____ ABA Routing #: _____
(Contact your bank for this number)**Please Check One:** Savings Account No: _____
(Attach a deposit slip showing your account number) Checking Account No: _____
(Attach a check marked "VOID". We cannot process your request without your voided check.)

AUTHORIZATION: I authorize Allstate Financial to initiate credit entries to my bank account as shown above and necessary debit adjustments arising from the death of payee, or error by payor which do not exceed the related credit equal to my net benefit payments. I reserve the right to cancel this authorization by giving written notice to Allstate Financial at its Home Office at the address below.

Signature of Payee: _____
(Please sign in ink) _____ Date _____