



**Aviva Life and Annuity Company**  
 7700 Mills Civic Parkway  
 West Des Moines, Iowa 50266-3862  
 800/800-9882  
 www.avivausa.com

# Authorization Agreement for Automatic Deposit

I hereby authorize Aviva Life and Annuity Company and the financial institution named below to initiate credit entries to my account (this includes my authorization to you to reverse any entries made in error).

PLEASE PRINT

Depository Name		Branch
Address		City
State	Zip	Telephone #

Bank Transit ABA No.

Account No.

**Note: PLEASE ATTACH A COPY OF A VOIDED CHECK WHICH SHOWS YOUR BANK ABA NUMBER AND ACCOUNT NUMBER.**

This authority is to remain in full force and effect until Aviva Life and Annuity Company has written notification from me of its termination in such time and in such manner as to afford Aviva Life and Annuity Company a reasonable opportunity to act on it.

Date	Agent Code
Agent Name	Agent Signature

• ARE YOUR COMMISSIONS ASSIGNED TO A CORPORATION?  YES  NO  
 IF ANSWER IS YES, EFT INFO MUST MATCH THE CORPORATION

• THIS FORM MAY BE FAXED TO 800/531-0038