



**Prudential**

The Prudential Insurance Company of America  
2801 Townsgate Road Suite 300, Thousand Oaks, CA 91361  
Tel 800 336-3387 Fax 800-307-0009  
E-Mail WCTpension@prudential.com

# Request To Establish Direct Deposit

**PERSONAL INFORMATION:**

\_\_\_\_\_

Name

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Customer Identification Number

**BANK INFORMATION:**

\_\_\_\_\_

Bank Name

Checking Account\*

Savings Account

\*attach voided check for checking account information.

\_\_\_\_\_

Account Number

Bank Address:

\_\_\_\_\_

Routing Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Prudential to make all payments due me to the bank indicated above for Direct Deposit into my designated account. To correct any overpayment credited to my account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and to refund any such overpayment to Prudential. This authorization will remain in effect until further notice from me is received by Prudential and Prudential has had reasonable opportunity to act on stated request. I further acknowledge that I understand that per banking rules, all benefit payments will be deposited on the first day of the month, unless the first falls on a weekend or holiday, then your deposit will be made on the first banking day of the month. Please return this completed form via fax, e-mail or regular mail to the addresses provided above. If returning the form by e-mail, please ensure the form is included with your e-mail as a PDF attachment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_