[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Electronic Funds Transfer (EFT) Authorization for Claim Number: [Claim Number]

To Whom It May Concern,

I am writing to formally request that the proceeds from the life insurance policy for [Deceased Person's Name] (Policy Number: [Policy Number]) be deposited directly into my bank account via Electronic Funds Transfer (EFT).

Please use the following banking information for the transaction:

- **Bank Name:** [Name of Bank]
- **Account Holder Name:** [Name as it appears on the account]
- **Account Type:** [Checking/Savings]
- **Routing Number:** [9-digit Routing Number]
- **Account Number:** [Your Account Number]

I have attached a voided check for this account to verify the details provided above.

I authorize [Insurance Company Name] to initiate the credit entry to the account indicated above. This authorization is to remain in effect until the claim payment is completed. I understand that if any information provided is incorrect, it may delay the receipt of funds.

If you require additional documentation or have any questions regarding this setup, please contact me at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Signature]
[Printed Name]

Enclosure: Voided Check