



INSTRUCTIONS FOR AUTOMATIC DEPOSIT AND ELECTRONIC FUNDS TRANSFER FORM

If you want to enable USAA Life to deposit your annuity or TRICARE/Medicare Supplement claim payment(s) directly into your checking or savings account, we need your signature.

You need to print, complete and sign this form to begin your request for automatic deposit.

After completing and signing the form, you can return it to us one of three ways: by upload, mail or fax.

Upload the completed and signed form through the USAA Mobile App or usaa.com:

From the USAA Mobile app:

1. Select the profile icon with your initials.
2. Select "Inbox" (Android only).
3. Select "Send documents to USAA."
4. Select "Upload other documents."
5. Follow the screen prompts.

From usaa.com:

1. Log on to your account.
2. Select the profile icon with your initials.
3. Select "Inbox."
4. Select "Send documents to USAA."
5. Select "Upload Documents."
6. Select "Life & Health Insurance/Annuities."
7. Select "Next."
8. Follow the screen prompts.

You can also mail to:

USAA Life Insurance Company
USAA Life Insurance Company of New York
9800 Fredericksburg Road
San Antonio, TX 78288

Or you can fax to:

210-498-3243 within the United States
877-435-7099 from outside the United States

Questions?

Call toll-free in the United States:

Fixed Annuities	800-531-8722
Medicare and TRICARE	800-531-6978

**INSTRUCTIONS ONLY
DO NOT RETURN THIS PAGE**

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MSF405ST



AUTOMATIC DEPOSIT AUTHORIZATION FORM

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life Company in this form.

With this Automatic Deposit Authorization Form, USAA Life Company will deposit Annuity payments directly into your bank account.

Please fill out and sign the authorization below.

As a convenience to me (us), I (we) hereby authorize and direct USAA Life Company, and any Financial Institution it uses, to initiate electronic deposits (credits) of money owed by USAA Life Company for annuity payments at the financial institution listed below. I (we) hereby authorize USAA life to initiate withdrawals (debits), if necessary, for any deposit entries made in error or to reclaim any undue payments. I (We) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with all applicable laws.

This authorization is to remain in full force and effect until USAA Life Company has received notification from me (either of us) of its revocation in such time and in such manner as to afford USAA Life Company a reasonable opportunity to act. I (We) also understand that if corrections in the amount of money deposited are necessary, it may involve an adjustment to my (our) account.

Provide us with the information as illustrated below.

Name(s) of Account Holder(s): _____

Name(s) of Account Holder(s): _____

Financial Institution (must be complete name): _____

Bank Routing Code (nine digits): _____

Bank Account Number: Checking Savings _____

USAA Number _____ Date _____

Contract Number(s) _____

Signature of Account Holder(s) _____

After completing this form, you can return it to us by upload through the USAA Mobile App or usaa.com, mail, or fax at 877-435-7099.