



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): _____

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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.