

Society of Actuaries

Direct Deposit Enrollment Form and Agreement

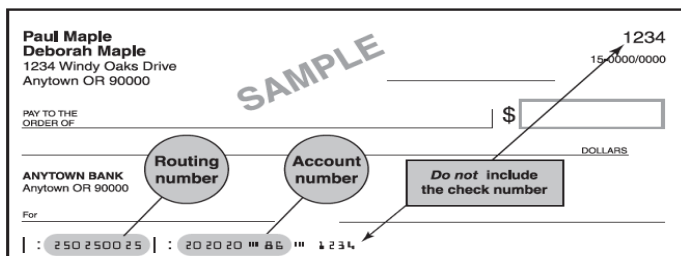
The information collected on this form will be used by SOA to transmit payment data, by electronic means, to your financial institution.

PAYEE INFORMATION New Change Terminate

(Name as it appears on account) Last Name:	First Name:
Current Mailing Address:	Email Address:
Home Telephone:	Mobile Telephone:
Work Telephone:	

FINANCIAL INSTITUTION INFORMATION

Bank Name:	U.S. <input type="checkbox"/>	CANADA <input type="checkbox"/>
CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	
Routing Transit Number:		
Account Number:		



I hereby authorize the Society of Actuaries to initiate credit entries to the account indicated above. Changes to said account may be made only to reverse credit amounts erroneously posted. Payment will be deemed received by you when your financial institution has received or has control of the payment.

If I am not the named account holder or the sole account holder, I certify that I am authorized to enter into this agreement on behalf of the account holder. This authorization will remain in effect until the Society of Actuaries has received a written termination notice from me, in such time and in such manner as to afford the Society of Actuaries a reasonable opportunity to act on it.

DATE

SIGNATURE