myCUmortgage®

Insurance Claim Funds Direct Deposit Form

Name: _____ **Loan #:** _____

This form is used to authorize the direct deposit of insurance claim fund disbursements to your designated checking or savings account. By completing and signing this form, you request and authorize us to remit eligible insurance claim fund draw payments via Automated Clearing House (ACH) transfer to the financial institution account identified below.

Direct deposit provides a secure and efficient method for receiving insurance claim fund disbursements. You are responsible for ensuring that the account information provided is accurate and current. Any changes to your banking information must be submitted in writing and approved before future disbursements can be processed.

Financial Institution:

Name: _____

Routing #: _____

Account #: _____

Type of Account (check one):

Checking

☐ Savings

I hereby authorize the electronic deposit of insurance claim fund disbursements and draw payments to the checking or savings account identified on this form. I certify that I am authorized to receive funds into this account and that the information provided is accurate. I understand that this authorization will remain in effect until revoked in writing and accepted by myCUmortgage.

Signature: _____ **Date:** _____

If you have questions regarding these payment options, contact the Member Care Center at 877.912.8006, Monday through Friday from 8:00 AM to 8:00 PM ET, and Saturday from 9:00 AM to 1:00 PM ET. Thank you for allowing us to serve you.