



4321 N. Ballard Road, Appleton, WI 54919-0001
 800-THRIVENT (800-847-4836) • www.thrivent.com

Thrivent ID
Contract/Agreement no.

Direct Deposit Worksheet/Account Owners Agreement

Check reason for Direct Deposit request.

- RMD
 APO/SPS
 Surrender
 SO
 SPIA
 SPIVA
 Death Claim
 VSO

I request these services be made on my account.

- New Account**
 Bank Change

Name of account owner or business	Tax ID number
-----------------------------------	---------------

Address of account owner or business	City	
	State	ZIP code

Name of joint account owner

Authorization to Deposit Payments

I authorize Thrivent Financial to begin making deposits (and corrections if needed) to the financial institution indicated below. In the event of a returned check or rejected electronic transfer, I further authorize Thrivent Financial to remove any deposits made by Thrivent Financial. This financial institution is authorized to accept and/or correct deposits to my account. This authority shall remain in effect until I revoke it by terminating my contract or by giving 10 days prior notice to Thrivent Financial.

I have verified with the financial institution that this information is correct. I certify that this is my account. I agree and understand that Thrivent Financial is not responsible for any deposit made based on this information.

Name of account owner (or business, if appropriate)			Attach voided sample check here
Full name of financial institution	Transit number		
Address of financial institution	Type of account	Account number	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
City, State, ZIP code	Phone number of financial institution		

Signature of account owner and date signed (mm/dd/yyyy)	Signature of joint account owner and date signed (mm/dd/yyyy)
---	---

This form may be used for Thrivent Life Insurance Company (Minneapolis, MN 55415), a wholly owned subsidiary of Thrivent Financial for Lutherans.