



ACH Authorization Form

As a payment option, CICA Life of America, offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking/savings account of your choice. To receive payments electronically, complete this form. Send to contracting@citizensinc.com.

Payee Information (Please Print)	
Payee Name	
Payee Agent Number	
Remit Address(es) for applicable accounts:	

Bank Information (Please Print) **Domestic Banks Only**	
Bank Name	
Name of Account	
Account Number	
Routing Number	
Checking / Savings	

Email Address for payment notification (Please Print)	
Email Address	

Name: _____ Title: _____

Authorized Signature: _____ Date: _____