

**NORTH AMERICA LIFE INSURANCE COMPANY OF TEXAS
LINCOLN MEMORIAL LIFE INSURANCE COMPANY
1250 S. CAPITAL of TEXAS HIGHWAY
BUILDING 3, SUITE 150
AUSTIN, TEXAS 78746
512-347-1835**

**Savings Account Electronic
Draft Information Sheet**

Financial Institution: _____

Address: _____

Telephone Number: _____

Date Information was Verified: _____

Name of Employee Verifying Info: _____

_____ has a current savings account with this Financial Institution.
(Print Payor's Name)

The Account Number is: _____

Routing Number for draft is: _____

I hereby verify that the above information is current and valid.

(Signature of Payor)