



Member ID
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**Section 1 - Transaction Requested**

**Establish new**

This authorization is being set up to have deposits sent to my bank account from contract - \_\_\_\_\_.

**Change existing**

For members with multiple contracts, complete the Payment Services Request - Direct Payment (form 23045A) to make individual contract-specific changes. Any updates requested with this form will apply to all contracts.

- Existing/Old bank account is now closed       Existing/Old bank account is still open

Name of bank account owner or business

Address	City	State	ZIP code
Name of joint bank account owner		Member ID	
Address, if different than above	City	State	ZIP code
Full name of bank		Routing number	
Bank account number	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

**Section 2 - Agreements and Signature**

**General Authorization**

I authorize Thrivent Financial to:

- Make electronic deposits and corrections to my bank account that comply with U.S. law.
- Act on this authorization until I revoke it by contacting Thrivent Financial.
- Apply this authorization to any future bank accounts I may designate.
- Make administrative changes to this authorization which I request such as date and amount changes, or adding or removing contracts for automatic payment.
- Release any and all information related to this authorization to the third party account/contract owner.
- Act upon electronic deposit and administrative instructions I provide to my representative.

Signature of bank account owner and date signed

**X**

**Mail completed form to:**  
Thrivent Financial  
P.O. Box 8075  
Appleton WI 54912-8075

**Fax:**  
800-225-2264

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