



Thrivent Financial for Lutherans
Thrivent.com • 800-847-4836

Direct Deposit Worksheet/ Account Owners' Agreement

Thrivent ID

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 clients 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		Thrivent 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 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.
- 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.

When providing bank information on this form, you authorize Thrivent to use a Third-Party Service Provider to verify account and account owner information. Account and/or account owner information that cannot be verified may result in a delay in processing. This Third-Party Service Provider is a consumer reporting agency under the Fair Credit Reporting Act. By signing this form, you understand and agree that a consumer report, including credit reports, criminal records and driving records, among other forms of information obtained from private and public record sources, may be obtained on you as part of this transaction.

Signature of bank account owner and date signed

X

Mail completed form to:

Thrivent
P.O. Box 8075
Appleton WI 54912-8075
6568EFT

Fax:

800-225-2264