

**MetLife Disability**, PO Box 14590, Lexington KY 40512

**Phone: 1-888-533-6287 Fax: 1-800-230-9531**

## DIRECT DEPOSIT REQUEST

If your claim is approved, we are pleased to offer you the security and convenience of having your Monthly benefit check deposited electronically to your bank account. Direct Deposit means no more mail delays or trips to cash your check.

- **How does direct deposit work?**  
Each month, our bank will transfer your benefit payment directly into your bank account. We recommend this payment option because it is predictable, safe and convenient.
- **How do I sign up?**  
Enter the information requested below and forward this form to us at the address above. You may want to verify your account and transit/routing numbers with your bank to avoid delays.
- **How soon can my direct deposits begin?**  
To allow appropriate set-up, your direct deposit will typically begin within 30 days of our notification to your bank. This means you may still receive checks by mail after you send in your request. Once direct depositing begins, your funds will be deposited to your bank account and will be available to you within 4-5 business days.
- **What if I have questions?**  
Call our Customer Response Center located at the top of this form. This toll-free number is available Monday through Friday from 8:00 am to 11:00 pm EST.
- **What if I change banks?**  
Simply call and we will send a new request form for your completion. You may receive a paper check in the mail for one payment while we process your request.
- **Can I change my mind?**  
Yes. You can start or stop direct deposit at any time. Just write and tell us.

I authorize Metropolitan Life Insurance Company (“MetLife”) Life to send my disability benefit payments to the Bank designated below for electronic deposit into my Account. I understand that I may terminate this arrangement at any time by writing to the MetLife address above.

If any amount is deposited into my account in excess of the disability benefits to which I am entitled under my employer’s Plan as a result of an error, I authorize and direct the Bank to charge my Account and to refund such overpayment to Metropolitan.

**Signature**
**Date:**

***Please complete the following:***

Name:	Claim Number:
SSN #:	Employer Name:
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
Name of Bank	Bank Address
Bank Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank Telephone

*The first 9 numbers from the left at the bottom of your check are your Bank Routing Number (OR) enclose a voided check*