HOMEOWNER'S INSURANCE DIRECT DEPOSIT AUTHORIZATION

Please complete the form below and return it to us in one of the following ways:

- Bring it to any Associated Bank location
- Email it to InsuranceClaims@AssociatedBank.com
- Mail it to:

  Loan Processing, MS 7707
  Associated Bank
  1305 Main Street
  Stevens Point, WI 54481

Customer name: _____

Loan number: _____

Deposit funds into the Associated Bank account listed below:

Account type (choose one): **Account number:** _____

☐ Checking Account
☐ Savings Account
☐ Money Market Account

By completing this form, you authorize Associated Bank to deposit any funds related to your insurance claim into the account listed above.

NOTE: Both parties on the check must sign to authorize the deposit.

_____ _____ _____ _____

Signature Date Signature Date

We're here for you

If you have any questions regarding this form, please call our Midwest-based Customer Care team at 800-242-2470, Monday through Saturday.