Group Disability
Metropolitan Life Insurance Company

MetLife

Electronic Funds Transfer (EFT) Authorization

Use this form to add or update banking information or change electronic payment options for direct deposit to your account.

Things to know before you begin:

- Elections on this form may take about 5 business days after we receive the form to go into effect.
- Payments cannot be deposited into an account outside of the U.S.
- We will send payments that fall on a weekend or holiday the previous business day.
- If you are an Authorized Representative, include a copy of the legal document(s) authorizing you to act on the Claimant's behalf.

1 Personal Information

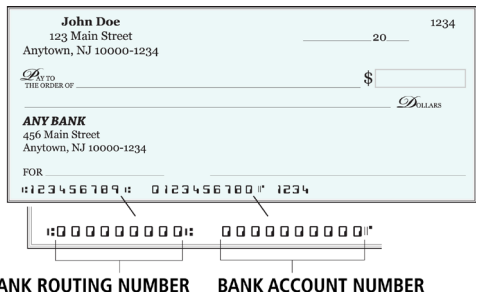
First Name	Middle Name	Last Name

Address	City/State/Zip

Claim Number	Phone Number	Email

2 Bank Account Information

Bank Name:	Bank State:
Account Type: ☐ Checking OR ☐ Savings	
Routing Number:	
Account Number:	



3 Authorization and Signature

I request MetLife to send payments for electronic deposit as instructed above. This agreement will remain in effect until the earlier of MetLife receives a change request or my claim closes. I understand that MetLife will not be liable for any failure to change or terminate this agreement if the request is incomplete. If a payment is credited to my account in error, I authorize my financial institution to refund such overpayment to MetLife from my account.

Sign Here	Signature	Date *(mm/dd/yyyy)*

How to submit this form:

Return this form along with any required documents by:

Electronic:
If you received this form by email, reply to the email and attach the completed form or contact your claim specialist for email address information.

Mail:
MetLife Disability
PO Box 14590
Lexington, KY 40512-4590

Fax:
1-800-230-9531