



**EMPLOYER AUTHORIZATION AGREEMENT
FOR RECURRING DEBIT (ACH)**

Complete this Employer Authorization Agreement for Recurring Debit (ACH) for Pension Fund to debit the Employer's bank account each month for deposit to one or more member accounts at Pension Fund. This Agreement will apply to the employee(s) and/or program(s) identified below. If the Employer wishes to debit different bank accounts for deposits to different programs, the Employer must complete a separate Agreement for each program.

Check one or more as applicable:

- New authorization for recurring debit
- Change to existing authorization for recurring debit
- Terminate existing authorization for recurring debit

- PLEASE TYPE OR PRINT CLEARLY -

I. EMPLOYER INFORMATION

Employer Name _____ EIN _____ - _____

Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

II. BANK INFORMATION

Complete the following information and attach a "void" check to this Agreement.

Name of Bank _____ Account Holder Name _____

Mailing Address of Bank _____ Phone Number (_____) _____

City _____ State _____ Country _____ Zip Code _____ - _____

Checking Account Number _____ Bank Routing/ABA Number _____

Requested Effective Date ____/____/____ Debit on the (*check one only*) 1st 15th or last day of each month.

III. DEBIT INFORMATION

Complete the following information for each employee and each program to which this Agreement applies. This Agreement supersedes any prior Agreement related to that employee and/or program.

Circle Applicable Action	Member Ref. No.	Member Name	Program*	Account Number	Debit Amount
Add / Change / Terminate					\$
Add / Change / Terminate					\$
Add / Change / Terminate					\$
Add / Change / Terminate					\$
Add / Change / Terminate					\$
Add / Change / Terminate					\$
Add / Change / Terminate					\$
				TOTAL DEBIT:	\$

*A program may be the Pension Plan, Tax-Deferred Retirement Account (TDRA), Benefit Accumulation Account (BAA), Roth IRA, and/or Traditional IRA.

Special Instructions _____

IV. CERTIFICATION AND SIGNATURE

By signing this Agreement, the undersigned authorized representative of the Employer hereby authorizes the Employer's bank to debit the bank account identified above and authorizes Pension Fund to accept these deposits. These debits and deposits are to be made under the Rules of the Automated Clearing House (ACH). The undersigned authorized representative of the Employer further makes the following certifications:

- I certify that the information provided on this Agreement is accurate and that I will timely notify Pension Fund of any changes to the information set forth in this Agreement.
- I understand that this Agreement will remain in effect until I give written notice of termination to Pension Fund.
- I understand that this Agreement will be processed as soon as administratively practicable upon the later of receipt by Pension Fund or the requested effective date set forth in Section II.

The undersigned represents that he or she is an authorized representative of the Employer with authority to sign this Agreement on the Employer's behalf.

By _____ Title _____
Printed Name _____ Date ____/____/____
Phone Number (____) _____ E-mail Address _____

Please allow up to 5 business days for processing.

SEND FORM TO:

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, IN 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org