



**MEMBER AUTHORIZATION AGREEMENT
FOR ONE-TIME DEBIT (ACH)**

Complete this Member Authorization Agreement for One-Time Debit (ACH) for Pension Fund to debit your bank account for one-time deposit to one or more of your accounts at Pension Fund. This Agreement will apply to the program or programs identified below. If you wish to debit different bank accounts for deposits to different programs, you must complete a separate Agreement for each program.

- PLEASE TYPE OR PRINT CLEARLY -

I. MEMBER INFORMATION

Member Name _____ Member Ref. No. _____
(first, middle, last/family name)
Home Address _____
City _____ State _____ Country _____ Zip _____-_____
Daytime Phone (_____) _____ E-Mail Address _____

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 _____
City _____ State _____ Country _____ Zip _____-_____
Phone No. (_____) _____
Checking Account No. _____ Bank Routing/ABA No. _____
Requested Effective Date ____/____/____ (Debit will be made as soon as administratively practicable on or after this date.)

III. DEBIT INFORMATION

Complete the following information for each program to which this Agreement applies.

Program	Account No.	Debit Amount
Pension Plan*		\$
Tax-Deferred Retirement Accounts (TDRA)*		\$
Roth IRA		\$
Traditional IRA		\$
Benefit Accumulation Account		\$
	TOTAL DEBIT:	\$

***A member can authorize debits to the Pension Plan or TDRA by ACH only if the member is a self-employed minister.**

Special Instructions _____

IV. CERTIFICATION AND SIGNATURE

In signing this Agreement, I hereby authorize my bank to debit the bank account identified above and authorize Pension Fund to accept these deposits. These debits and deposits are to be made under the Rules of the Automated Clearing House (ACH). I further make 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 provided on this Agreement.
- 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.

Signature _____ Date ____/____/____

Printed Name _____

Please allow up to 5 business days for processing.

SEND FORM TO:

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org