



Complete this Member/IRA Owner Authorization Agreement for One-Time Debit (ACH) for Pension Fund to debit your bank account for a 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/IRA OWNER INFORMATION

Member/IRA Owner Name _____ Member Ref. No. _____
(first) (middle) (last/family name)

Check here if there has been a change to your contact information on file.

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ 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 _____ Phone Number (____) _____

City _____ State _____ Country _____ Zip Code _____ - _____

Checking Account Number _____ Bank Routing/ABA Number _____

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 Number	Debit Amount
Pension Plan*		\$
Tax-Deferred Retirement Account (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

By signing this Agreement, I make the following certifications:

- I hereby authorize my bank to debit the bank account identified in Section III and authorize Pension Fund to accept this deposit. Debits and deposits are to be made under the Rules of the Automated Clearing House (ACH).
- I certify that the information set forth in 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 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, 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