



## EMPLOYER AUTHORIZATION AGREEMENT FOR ONE-TIME DEBIT (ACH)

Complete this Employer Authorization Agreement for One-Time Debit (ACH) for Pension Fund to debit the Employer's bank account for a one-time 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.

**- 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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

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 employee and each program to which this Agreement applies.

Member Ref. No.	Member Name	Program*	Account Number	Debit Amount
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL DEBIT:</b>	\$

\*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 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**

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