

**Seventh-day Adventist Church Retirement Plan for Canadian Employees  
Electronic Funds Transfer of Pension Payments**

Name of Participant: \_\_\_\_\_

**Payee's Authorization** *(To be completed by Payee)*

- I, \_\_\_\_\_, hereby authorize that my monthly pension benefit be electronically transferred through the use of the Automated Clearing House (ACH) to my account at the institution listed below. I have attached a void check or preprinted electronic deposit form.
- I verify the accuracy of the information below and agree to refund any amounts found to be overpayments.
- This authorization will remain in effect until I have cancelled or changed it in accordance with Plan procedures. I understand that my institution will furnish the Trustee with the necessary assurance that it will refund any payment received or credited to my account in error or after my death.

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Institution Address *(include Branch if applicable)*

\_\_\_\_\_  
ACH Routing Number (9 digits)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Payee's Bank Account Number

Type of Account <i>(please check one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Signature of Joint Account Holder *(if applicable)*

\_\_\_\_\_  
Date

Direct Deposit will be through Electronic Funds Transfer unless the bank or financial institution listed above does not participate in the ACH or is located outside of the United States. **RETURN THIS FORM TO: Retirement Department, Seventh-day Adventist Church in Canada, 1148 King Street East, Oshawa, ON L1H 1H8**

<p><b>Please tape void check here or attach a preprinted electronic deposit form</b></p>
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