

BANK DRAFT AUTHORIZATION

PARTICIPANT INFORMATION *(Please Print)*

Name: _____ DOB.: _____ Acct #: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (Circle one: Home or Cell) _____ Email: _____

BANK DRAFT INFORMATION

Bank Draft Amount \$ _____ Check one: Retirement Contribution Note Payment Insurance Premium
Contribution Type (check one): Pre-tax Salary Reduction Roth Salary Reduction Employer Personal After-tax
Month to Begin: _____ Schedule of Draft (check one): One-time draft 1st of the month

Note: If the 1st falls on a weekend or holiday, draft will be on the next business day.

MULTIPLE PARTICIPANTS: If this draft is for multiple participants, please include a separate sheet listing their name, account number, amount of contribution, and type of contribution (i.e. pre-tax salary reduction, Roth salary reduction, or employer).

BANK ACCOUNT INFORMATION

Name(s) on Bank Account: _____

Routing Number: _____ Bank Account Number: _____

Account Type (check one): Checking Savings

Account Verification (check one): Use bank account on file New bank draft Updating banking information

****If you are updating banking information or submitting a new bank draft, a voided check (attach below), a copy of check, a picture of a check, or official bank form which includes routing and account number must be attached.**

2400
Date _____ 91-548/1221
PAY TO THE
ORDER OF _____

DOLLARS
VOID
FOR _____
|: 012345678 |: 01234567890123 ||: 2400
Routing Number Account Number Check Number

DRAFTING AUTHORIZATION AND AGREEMENT

I hereby authorize Richland Ave Financial to draft payments electronically from my checking/savings account. To ensure that my account is properly debited, I have attached a voided check, copy of check, or official bank form including routing and account number where my payments will be withdrawn. I acknowledge the monthly bank draft will take place on the date I chose above. I agree that this authorization will remain in effect until I provide notification terminating this service.

Signature: _____ Date: _____

**Note If any contribution (or any portion of a contribution) is made by a good faith mistake of fact, then within one year after the payment of the contribution, and upon receipt in good order of a proper request approved by Richland Ave Financial, the amount of the mistaken contribution (adjusted for any loss in value) shall be returned directly to the participant or, to the extent required or permitted by Richland Ave Financial, to the participating employer.*