

# BANK DRAFT AUTHORIZATION

## PARTICIPANT OR ORGANIZATION INFORMATION *(Please Print and complete all that applies)*

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

## BANK DRAFT INFORMATION

Bank Draft Amount \$ \_\_\_\_\_  
Check one:  Retirement Contribution  Institutional Contribution  Note Payment  Insurance Premium

Retirement Contribution Type:  
Check one:  Pre-tax Salary Reduction  Roth Salary Reduction  Employer  Personal After-tax

Schedule of Draft (check one):  
 1<sup>st</sup> of the month to begin: \_\_\_\_\_  One-time draft transaction date: \_\_\_\_\_

*Note: Recurring drafts occur only on first business day of each month. If the 1<sup>st</sup> 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.**

PAY TO THE ORDER OF \_\_\_\_\_  
Date \_\_\_\_\_ 2400  
91-548/1221  
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a voided check, copy of check, or official bank form including routing and account number where my payments will be withdrawn.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.*