



ACH Debit

Authorization Agreement

How the Program Works

- Complete the authorization agreement below and mail this form to:
YMCA Retirement Fund, Attn: Finance Dept., 140 Broadway, New York, NY 10005 1197
or fax it to: 646-458-2664
- The Fund will send you a confirmation email upon receipt of this form
- Select ACH Debit as your payment method when you submit your next contribution transmittal. The ACH method allows you to select the date you wish to have the money withdrawn from your account. Employer and employee contributions can be sent on different dates.
- Through YERDI, select the date(s) of payment for your contribution(s) (minimum elapsed time to execute payment is 48 hours after initiation)

It's that simple! The Retirement Fund initiates and pays for the cost of this program. We withdraw the money on the date you request—you no longer need to worry about mailing checks on time.

Authorization Agreement for Direct Payments

We hereby authorize the YMCA Retirement Fund to debit contributions to the Retirement Plan and Tax-Deferred Savings Plan for this YMCA by means of an ACH drawdown from the account specified at the depository institution named below. We acknowledge that the origination of ACH transactions to our account must comply with the provisions of US law.

This authorization is to remain in force until the Fund has received written notice of termination in such time and in such manner that afford the Fund and its Depository Bank a reasonable opportunity to act on it.

Name of your YMCA _____ YMCA Number _____

Street Address _____ City _____ State _____ Zip _____

Name of Contact _____ Phone _____ Email _____

Debit Bank

Name of Bank _____ Branch _____

Street Address _____ City, _____ State _____ Zip _____

Transit Routing/ABA Number _____ Account Number _____

Account Type Checking Savings Start date ____/____/____
(mm/dd/yyyy)

Signed on behalf of the YMCA named above

SIGNATURE _____ /____/____
(mm/dd/yyyy)

Print Name _____ Title _____

Ad 7/11/10