

## ACH DEBIT AUTHORIZATION AGREEMENT

## **How the Program Works:**

• Complete the authorization agreement below and submit this form by one of the following:

MAIL: YMCA Retirement Fund, Attn: Finance Dept., 5334 Sterling Center Drive, Westlake Village, CA 91361-4612

FAX: 646-458-2664

EMAIL: findept@ymcaret.org

- · Once received, a member from the Finance Department at the YMCA Retirement Fund will call you to confirm.
- Ensure that ACH Debit is selected as your payment method when you submit your next contribution transmittal in YERDI.
- In YERDI, select the date you would like to send your contributions. You can select to send employer and employee contributions on different dates. The date(s) you select must be at least two business days after the date you close the transmittal (processing time), but you can select a debit date up until the 15th business day of the following month.

It's SIMPLE and FREE for YMCAs! The Fund withdraws the money on the date you request, so 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 401(a) Retirement Plan and 403(b) 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 U.S. 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 _ | //<br>(mm/dd/yyyy) |             |                   |
| Signed on behalf           | of the YMCA named a | bove:   |              |                    |             |                   |
| SIGNATURE                  |                     |         |              |                    |             | //<br>im/dd/yyyy) |
| Print Name                 |                     |         | Title        |                    |             |                   |