

ACH DEBIT AUTHORIZATION AGREEMENT

How the Program Works:

- Complete the authorization agreement below and mail this form to:
YMCA Retirement Fund, Attn: Finance Dept., 120 Broadway, New York, NY 10271 1999 or fax it to: 646-458-2664.
- The Fund will send you a confirmation email upon receipt of this form.
- 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).

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 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 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	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Start Date _____ <small>(mm/dd/yyyy)</small>

Signed on behalf of the YMCA named above:

SIGNATURE		 _____ <small>(mm/dd/yyyy)</small>
Print Name _____	Title _____	