



# ACH Debit Basics

## 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 The ACH method allows you to select the date you wish to have the money withdrawn from your account.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 YMCA	YMCA Number		
Address (Street)	City	State	Zip)
Name of Contact	Phone	Email	

## Debit Bank

Name of Bank	Branch		
City, State	Transit Routing/ABA Number	Account Number	

**Account Type**    Checking    Savings      **Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

*Signed on behalf of the YMCA named above*

**SIGN** Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Print Name \_\_\_\_\_ Title \_\_\_\_\_