

# *ACH Funding Authorization Form*

## **AUTOMATED CLEARINGHOUSE (ACH) AUTHORIZATION**

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This form is used to establish automated funds transfer of your retirement plan contributions, which are initiated through the Plan Service Center (PSC).

### **CLIENT DATA:**

Name of Plan \_\_\_\_\_

Group Account Number \_\_\_\_\_

Name of Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **AUTHORIZATION TO BANK:**

In conjunction with the use of the Plan Service Center this authorization is to establish an Automated Clearing House (ACH) funding agreement with FASCore and the Plan, as stated above. This agreement is to provide the required funding as approved by the Plan Sponsor when initiating through the Plan Service Center, or when the Plan Sponsor has requested a contribution correction that requires additional funding from this account. The Plan Sponsor has total control and responsibility for initiating the funding for the above stated retirement plan.

Please accept this as formal notification that effective \_\_\_\_\_, FASCore will be responsible for the record keeping of the retirement plan mentioned above.

Bank:		
Street Address:		
Account Name:		
Account Type:	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Account Number:		
Routing Number:		
Representative:		
Telephone Number:		

The Plan Sponsor agrees to provide FASCore with 30 days notice, prior to closing or changing this account.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**IMPORTANT: Please forward a copy of this to your bank for authorization. A pre-notification will occur to ensure proper set up.**

Note: Please fax ACH Authorization Form with a fax cover sheet to FASCore at 303-801-5228