

**Direct Deposit Form**

Concordia Plan Services requires direct deposit of monthly retirement or survivor benefits directly into your bank account. Using direct deposit will mean that your benefit will be deposited safely and on time, every time. Mail delays and extra trips to the bank will be eliminated. The direct deposit service costs you nothing, yet it saves you the concern of watching for your check and depositing it, or verifying that your bank has received it through the mail.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

**A Instructions**

- Please complete Sections B, C, and D; and return it to our office. (You may wish to keep a copy for your records.)
- If you select *checking* account, please attach a *voided check*. If you do not attach a voided check, please provide a bank document *indicating* the correct routing and account numbers **or contact your bank to verify that you have the correct routing and account numbers, errors can delay your benefit.**

**B Payee Information**

Name (Last, First, Middle Initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**C Direct Deposit Information**

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

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Routing/ACH Number  
 (Located in the lower left corner of your check)

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Account Number

Type of Bank Account (*Please check one.*)  Checking  Savings

**D Payee Signature**

I authorize Concordia Plan Services to make deposits to the bank account named above and to correct any errors by withdrawing funds from the bank account. I authorize the bank named above to accept these deposits and withdrawals. These authorizations shall remain in effect until I give written instructions that they be changed.

**X** \_\_\_\_\_  
 Payee Signature \_\_\_\_\_ Date \_\_\_\_\_