

# Authorization Agreement For Recurring Direct Payments (ACH Debits)

## AUTHORIZATION

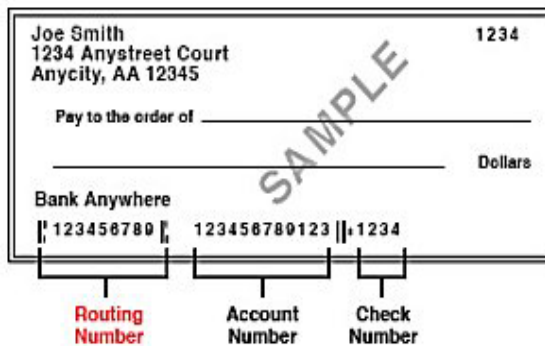
I hereby authorize Adventist® Retirement to electronically collect standard SHARP fees (contributions) from my bank account indicated below. Adventist Retirement will debit my bank account monthly as I have indicated below.

## BANK INFORMATION

ALL FIELDS MUST BE COMPLETED

Bank Name:			
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please contact your bank for the correct routing number)		
Routing Number:			
Account Number:			

I acknowledge that my account will be debited monthly in 12 equal payments beginning on January 15 for January's fees, and then monthly on the 15th day of every month thereafter.



## HOW TO CONTACT ME

My email address:			
My phone numbers	Home:		
My mailing address:		Last 4 digits of Social Security Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## PLEASE PRINT THE NAMES OF TWO (2) PERSONS WE CAN CONTACT IF WE CANNOT REACH YOU

Alternate Designee #1 Name:			
Phone number:			
Email address:			
Alternate Designee #2 Name:			
Phone number:			
Email address:			

## MY SIGNATURE OF AUTHORIZATION

<input type="checkbox"/> (Check here) I have read the TERMS AND CONDITIONS on the reverse side of this form.	Date:	
Print Name:	My Signature:	

Return Form To: Adventist Retirement/SHARP **OR** FAX: (443) 259-4880  
 9705 Patuxent Woods Drive  
 Columbia, MD 21046



**\*\*FOR SECURITY REASONS PLEASE DO NOT EMAIL THE COMPLETED FORM\*\***

TERMS AND CONDITIONS

# Authorization Agreement For Recurring Direct Payments (ACH Debits)

\_\_\_\_\_  
Initial

Voluntary termination is only permitted per conditions outlined in the Plan document. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Adventist Retirement in writing of any changes in my account, or termination of this authorization at least 15 days prior to the next billing date.

\_\_\_\_\_  
Initial

SHARP fees are required to be paid in the month of receiving coverage. Persons paying monthly will have their account debited on the 15th day of the month (i.e., the fee for January 2025 coverage will be paid on January 15, 2025.)

\_\_\_\_\_  
Initial

If the regularly scheduled payments fall on a weekend or holiday, I understand that the payments will be executed on the next business day.

\_\_\_\_\_  
Initial

For ACH debits to my bank account, I understand that as these are electronic transactions, these funds may be withdrawn from my account as early as the regularly scheduled payment date (i.e., the 15<sup>th</sup> day of every month).

\_\_\_\_\_  
Initial

In the case of an ACH transaction being rejected by my bank for Non-Sufficient Funds (NSF) or any other reason, I understand that Adventist Retirement may attempt to process the charge again within fifteen (15) days. I agree to an additional fifteen-dollar (\$15.00) charge for each transaction rejected by my bank. This additional charge will also be initiated by Adventist Retirement as an ACH transaction separate from the authorized recurring payment. I understand that Adventist Retirement is not responsible for any fees charged to me by my bank for rejected ACH transactions, whether for NSF or for some other reason.

\_\_\_\_\_  
Initial

If my bank rejects the first and second attempts to process a payment, I understand that my coverage will be terminated, and the termination is a lifetime termination with no opportunity for reinstatement or future coverage.

\_\_\_\_\_  
Initial

I acknowledge that the origination of ACH transactions to my bank account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated on this authorization form.

**Adventist**Retirement

9705 Patuxent Woods Drive, Columbia, MD 21046

PHONE: (443) 391-7300 FAX: (443) 259-4880