



# Lay Employees' Retirement Plan Authorization Agreement for Electronic Funds Transfer

<b>Personal Information</b> <i>All sections to be completed in full unless otherwise indicated.</i>			
Full name		First, middle, and last	SSN ###-##-####
Address		Street address or PO box, city, state, and zip code	Phone (###) ###-####
Email			
<b>Bank or Financial Institution Information</b>			
<b>Please note:</b> MCC is required to verify the information below with your bank or financial institution. If any information is incorrect, the electronic deposit of your check may be delayed.			
Bank or financial institution name		Bank or financial institution phone (###) ###-####	
Routing number #####	Account number		Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<p><b>Note:</b> If this is a checking account, please attach a voided check here.</p>			
<b>Signature</b> <i>You must sign and date this form for it to be valid.</i>			
<input type="checkbox"/> I hereby authorize Michigan Catholic Conference (MCC) to deposit my retirement benefit from the MCC Lay Employees' Retirement Plan (Plan) in the bank account identified above. I understand this will remain in effect until written notice of termination is given to MCC.			
<p>If any deposits are made to my account subsequent to my death to which I am not entitled under the terms of the Plan, I hereby authorize and direct the Bank on behalf of my estate, my heirs, and my beneficiaries to refund said deposits to the Plan and to charge the same to my account. I further authorize the Bank to accept a written determination from a representative of MCC that I was not entitled to any such deposits made to my account subsequent to my death.</p>			
Signature			Date MM/DD/YYYY

**Please return completed form by email to [benefits@micatholic.org](mailto:benefits@micatholic.org), fax to (517) 316-3690, or mail to:**  
 Michigan Catholic Conference  
 Attention Benefits Department  
 510 South Capitol Avenue  
 Lansing, Michigan 48933