

## Clergy Retirement Authorization Agreement for Electronic Funds Transfer

Personal Information All sections to be completed in full unless otherwise indicated.				
Full name First, middle, and		l last SSN	###-##-###	
Address Street address or PO box, city, state, and zip code		Phone (###) ###-###		
Email				
Emergency Contact				
Full name First, middle, and lo		middle, and last	Phone (###) ###-###	
Bank or Financial Institution Information				
<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. In that instance, a check will be mailed to your home address until your banking information has been correctly verified.				
Bank or financial institution name		Bank or financia	al institution phor	ne (###) ###-###
Routing number #######	Account number		Type of account:	Checking Savings
<b>Note:</b> If this is a checking account, please attach a voided check here.				
Signature You must sign and date this form for it to be valid.				
I hereby authorize Michigan Catholic Conference (MCC) to deposit my monthly pension check in the bank account identified above. I understand this will remain in effect until written notice of termination is given to MCC.				
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.				
Signature			Date	MM/DD/YYYY

## Please return completed form by fax to (517) 316-3690 or by mail to:

Michigan Catholic Conference Attention Benefits Department 510 South Capitol Avenue Lansing, Michigan 48933