



AdventistRetirement

Seventh-day Adventist Church  
NORTH AMERICAN DIVISION

(443) 391-7300 • NADRetirement@nadadventist.org

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

### Part I - Retiree Information (all fields to be completed by the retiree or retiree representative)

Retiree Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

*(I hereby authorize direct deposit into the bank account listed below)*

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check this box if your funds are forwarded to a financial institution outside of the U.S.

### Part II - Bank Information (all fields to be completed by the retiree, retiree representative or bank)

Bank Routing Number (must be 9 numeric digits):

Bank Account Number:

\_\_\_\_\_

\_\_\_\_\_

Bank Name and Address:

Type of Account:

\_\_\_\_\_

Checking / Savings  
(circle one)

\_\_\_\_\_

\_\_\_\_\_

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

Postal Mail: Adventist Retirement Plans  
ATTN: Payroll  
9705 Patuxent Woods Drive  
Columbia, MD 21046-1565

FAX: (443) 259-4880

Please visit [www.adventistretirement.org](http://www.adventistretirement.org) for other helpful resources and information.