



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 Wood Drive
Columbia, MD 21046-1565

FAX: (443) 259-4880

Please visit www.adventistretirement.org for other helpful resources and information.