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**CITY OF KANSAS CITY, MO DEFERRED COMPENSATION PLAN  
AUTOMATIC DEPOSIT AUTHORIZATION FORM INSTRUCTION SHEET**

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The attached Automatic Deposit Authorization Form provides authorization to wire transfer your payment directly to your checking or savings account.

In order to utilize this option, your financial institution must be a member of the *Automatic Clearing House* (ACH). Contact your financial institution if you are unsure.

The Automatic Deposit Program will begin 45 to 60 days upon receipt of notification.

**Information Required** on the attached Automatic Deposit Authorization Form is outlined below in **bold** text. Please print or type the information to avoid delays in processing your request.

**A. General Information**

- **Name** - Enter your name as it appears on your checking/savings account.
- **Social Security Number**
- Suffix - leave this line blank
- **Employer** - Employer's name (City of Kansas City, MO)
- **Work/Home Telephone Numbers** - Include Area Code (and extension if applicable)

**B. Financial Institution Information**

If you elect to have your payment deposited into your checking or savings account,

***For Checking Account:***

- **Financial Institution's Name**
- **Financial Institution's Complete Mailing Address**
- **Telephone Number** - Include the Area Code
- **Checking Account Number** - For deposits into your checking account, please provide your account number and attach a voided check. **Do not attach a deposit slip.**

***For Savings Account:***

- **Savings Account Number** - For deposits into your savings account, please provide your account number.
- **Financial Institution's Routing Transit Number** - if you are unsure of this number, please contact your financial institution.
- **Signature of financial institution's official**

**C. Authorization**

- **Sign** and **Date** the form.

**D. Retain** the last copy (Participant Copy) of the form for your records.

**E. Return** the Original and top copy (of the Authorization form) to **Nationwide Retirement Solutions**, P.O. Box 182797, Columbus, Ohio 43272

If you have questions regarding this form, please call us at 1-866-350-KCMO (5266)



City of Kansas City, MO Deferred Compensation Plan,  
administered by Nationwide Retirement Solutions  
P.O. Box 182797  
Columbus, Ohio 43272  
Toll Free: 1-866-350-KCMO

**Nationwide Retirement Solutions**

P.O. Box 182797  
Columbus, Ohio 43272  
Toll Free: 1-866-350-KCMO  
(hereinafter called the Company)

**CITY OF KANSAS CITY, MO  
DEFERRED COMPENSATION PLAN  
AUTOMATIC DEPOSIT AUTHORIZATION**

I hereby authorize Nationwide Retirement Solutions, hereinafter called COMPANY, to initiate credit entries to my account indicated below in the financial institution named below. I specifically agree to hold harmless and not seek recovery against the COMPANY, its officers, directors, employees and agents for any loss which I may sustain due to the actions or inactions of my designated financial institution or the information contained in this form. The credit entries will represent payments due me under the Deferred Compensation Plan. This program will begin within 45-60 days after receipt of this notification, after which all payments will be made to my account within **3 business days** following the withdrawal. By signing this form, I agree to direct my executors, administrators, or assignees to refund any payments which are made for any period following my death so they may be redistributed to my beneficiary if applicable.

Name \_\_\_\_\_ SSN \_\_\_\_\_ SUFFIX

Employer: **City of Kansas City, MO**

Telephone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

NOTE: YOUR FINANCIAL INSTITUTION MUST BE A MEMBER OF THE AUTOMATIC CLEARING HOUSE (ACH). CALL YOUR FINANCIAL INSTITUTION IF YOU ARE UNSURE.

BANK INFORMATION			
Financial Institution Name _____			
Financial Institution Address: _____			
City: _____	State: _____	Zip Code: _____	
Telephone ( ) _____			
For deposits to your <u>CHECKING ACCOUNT</u> – <b>attach a voided check</b> which includes your financial institution's ACH automatic deposit routing number and complete the following. <b>Do not attach a deposit slip.</b>			
Checking Account Number: _____			
For deposits to your <u>SAVINGS ACCOUNT</u> – have the financial institution complete the information below:			
Savings Account Number: _____			
Financial Institution Routing Transit Number: _____			
Signature of Financial Institution Official: _____			

I understand that this authorization will remain in full force and effect during my lifetime, until COMPANY has received written notification from me of its termination, allowing ample time for COMPANY and my financial institution to act on it.

Signature of Participant or Payee \_\_\_\_\_ Date \_\_\_\_\_