



# Direct Deposit/Debit Authorization Form

Phone: (855) 616-4776 • savingsplusnow.com

Processing will be completed within 3-5 business days of receipt of a properly completed and signed form.  
Requests to cancel may take up to 15 business days to take effect.

## 1. Participant Information

Name: \_\_\_\_\_ Account Number or SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Phone Type:  Home  Work  Cell

## 2. Plan Type (select all that apply)

401(k)  457(b)

## 3. Account Authorization Type (select all that apply) and Financial Institution Information

**Account for Direct Deposit of your Payments:** Add new, change, or cancel your account information.

New/Change Account OR  Cancel Account Authorization

I hereby authorize Savings Plus to initiate direct deposits at the financial institution named below. In the event this authorization form is incomplete or contains incorrect information, I understand a check may be issued to my address of record.

**Account for Debit of Loan Repayment:** Add new, change, or cancel your account information related to loan repayments.

New/Change Account OR  Cancel Account Authorization

I hereby authorize Savings Plus to initiate direct debits for loan repayments in accordance with the Repayment Schedule of the Loan Agreement at the financial institution named below. If banking information is incorrect and the repayment cannot be withdrawn from your account, a \$50 Insufficient Funds fee will be assessed against your Savings Plus account.

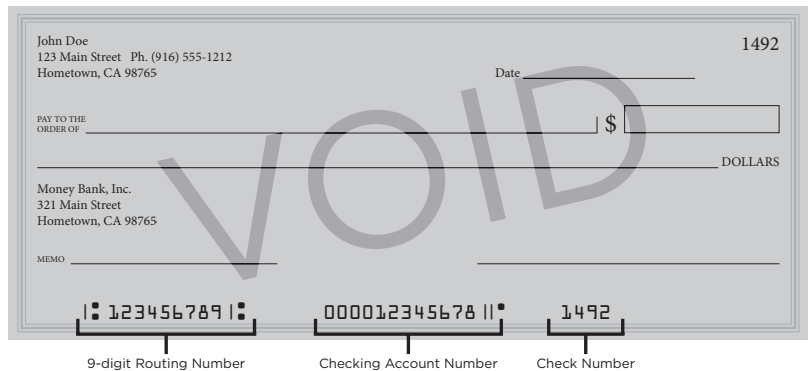
### Financial Institution Information:

Financial Institution Name \_\_\_\_\_

Account Type:  Checking  Savings  
If account type is not selected, checking will be used.

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



## 4. Signature

By signing this Authorization, I acknowledge the option(s) selected above. In the event an error is made, I authorize Savings Plus to make a corrective reversal from this account. Further, I agree not to hold Savings Plus responsible for any delay or loss of funds due to incorrect or incomplete information which I supplied or due to an error caused by my financial institution. This agreement will remain in effect until Savings Plus receives a written notice of cancellation from me or my financial institution, or until I submit a new **Direct Deposit/Debit Authorization Form** to Savings Plus.

I understand that the State of California has the authority to approve or reject this request. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Submission Instructions

You may submit your completed application by mail or fax, or you may be able to submit via DocuSign.

**By Mail:** Nationwide Retirement Solutions  
PO Box 182797, Columbus, OH 43218-2797

**By Fax:** (877) 677-4329

**By DocuSign:** Contact the Savings Plus Solutions Center