Nationwide®

Automated Clearing House (ACH) Authorization Form

Personal Information

Name:	SSN or Account Number:
Home Phone Number:	Work Phone Number:

ACH Update Request Type* (select all that apply)

☐ **Direct Deposit** (updating your bank account information to receive a distribution or payout)

☐ **Loan Repayment** (updating your bank account information associated with a loan)
Loan number(s) if applicable: _____

*ACH information will be updated based upon the box(es) selected above. If no selection is made, all applicable ACH information will be updated.

Financial Institution Information** (select one)

Type of Account (check one): ☐ Checking* ☐ Savings**

** If account type is not selected or both are selected, checking will be used.

NOTE: all checks must contain preprinted name and address information. A copy of a voided check (checking) or letter from the financial institution (savings) must be included with this form. We cannot accept a deposit slip or starter check for banking information. Please see check image below to assist in locating your bank account information.

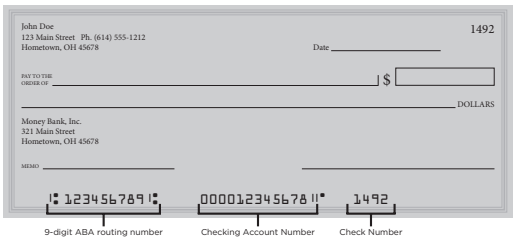
Financial Institution Name:
Routing Transit Number (ABA) (9 digits required):
Account Number:

Authorization

I hereby authorize the plan administrator to initiate credit entries to my account and/or debit my bank account for loan repayments in accordance with the Repayment Schedule of the Loan Agreement with the financial institution named above. I understand that this authorization will remain in full force and effect during my lifetime or until I provide the plan administrator with a new ACH Authorization Form indicating a change or termination. In the event the plan administrator notifies my financial institution that I am not entitled to the funds deposited in my account, I authorize that a debit adjustment to my account may be made. I understand that changes can take up to 15 days to become effective. I hereby certify under penalty of perjury that the information on this form is true and accurate to the best of my knowledge. In the event this ACH Authorization Form is incomplete or contains incorrect information, I understand a check may be issued to my address of record or I may be charged an insufficient funds fee.

Signature of Participant or Claimant: _____ **Date:** _____

Attach a voided check here



Authorization

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

By fax: 877-677-4329