



Direct Deposit Authorization Form

Personal Information

Name:	Social Security Number or Account Number:
Home Phone Number:	Work Phone Number:

Financial Institution Information

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

*Please note, all checks must contain preprinted name and address information. NRS will not accept starter checks or deposit slips.

**Please submit an account verification letter from your financial institution.

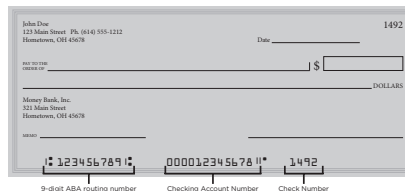
Financial Institution Name:
Financial Institution Phone Number:
Financial Institution Routing Transit Number (9 digits required):
Account Number:

Authorization

I hereby authorize the plan administrator to initiate credit entries to my account 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 Direct Deposit Authorization form indicating a change or cancellation. 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. In the event this Direct Deposit Authorization form is incomplete or contains incorrect information, I understand a check will be issued to my address of record.

Name of Participant or Claimant (Please print):	
Signature of Participant or Claimant:	Date:

**Attach a voided check here
(for deposits into checking accounts):**



Form Return

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

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions
DSPF-F2
3400 Southpark Pl Ste A
Grove City, OH 43123-4856