



Eder Financial

BOLD. BALANCED. TRUSTED.

929 East Main Avenue Suite 235 • Puyallup, WA 98372
866-723-0001 • Fax 253-268-3896
ederfinancial.org • ERPServiceCenter@nwpretirement.com

Authorization Agreement for Automatic Payment

BANK INFORMATION

I hereby authorize the withdrawal of funds from this account for payment of Retirement Plan contributions:

- on the first business day of each month
- on the first business day of each quarter
- Startup request OR
- Change request
- Immediately OR Effective date _____

Bank Name _____ Phone Number _____

City _____ State _____ ZIP _____

Nine-Digit Routing Number _____ Account Number _____

- Checking
- Savings

TO BE COMPLETED BY THE PLAN PARTICIPANT OR EMPLOYER

This authority is to remain in full force and effect until we have received written notification from your authorized representative of its termination in such manner as to afford your bank a reasonable opportunity to act on it.

Plan Participant Last Name _____ First Name _____ MI _____

Name of Employer _____

Phone Number _____ Email _____

(We will use your email address solely to communicate with you about the Eder Retirement Plan).

Contributions will be deducted from your bank account as specified above.

Signature of Plan Participant (or Employer Representative)

Date

Please include a voided check for your checking account or a deposit slip for your savings account and send it with this form using one of these options:

Mail: ERP Service Center, 929 East Main Avenue, Suite 235, Puyallup, WA 98372

Fax: 253-268-3896 **Email:** ERPServiceCenter@nwpretirement.com