



**Christian Reformed Church
403(b)(9) Retirement Plan**

**ELECTRONIC FUNDS TRANSFER
(EFT)**

Church Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Contact Name: _____

Bank Account Information

Bank Name: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in effect until written notification from the entity named above is received at the address provided below of its termination in such time and in such manner as to afford the reasonable opportunity to act on it.

Authorized Signature _____ Date _____

Submit Completed Form

Email: pension@crcna.org

Fax: 616.301.2149

Mail: CRC Pension and Retirement Office
2969 Prairie St SW, Suite 102
Grandville, MI 49418

Questions

Phone: 616.224.0722 Ministers Pension

Phone: 616.489.3528 403(b)(9) Retirement