



U.S. Direct Deposit Form

Please complete this form for automatic deposit of your pension payment into your U.S. checking or savings account. You may also change your direct deposit elections by contacting the Ministers' Pension Office at pension@crcna.org or 616-224-0722. Please email the completed and signed direct deposit form or send to: **CRCNA Ministers' Pension Office, 2969 Prairie St SW, Suite 102, Grandville, MI 49418.**

If the form submitted is incomplete, illegible or late, your direct deposit may be delayed by one or more months. In any event, your direct deposit request will be processed as soon as administratively possible.

About You *Please Print*

Last Name

First Name

Middle Initial

Street Address

City

State/Province

Zip/Postal Code

Phone Number

Email

Direct Deposit Election

1. Election Type (check one)

☐ **New Election** ☐ **Change** an Existing Election

2. Be sure to check an account type to avoid a delay in processing of your distribution.

Account Type (check one) ☐ Checking ☐ Savings

3. For Checking accounts please include a copy of a voided check with this form.

4. Please provide the following information in the space provided below. The Transit Routing Number must be nine (9) digits in length and start with the numbers 0, 1, 2, or 3

Transit Routing Number

Account Number

Bank Name	Account Type	Interest Rate (%)	Minimum Deposit (\$)	Monthly Fee (\$)	ATM Access	Online Banking	Customer Service Rating (1-5)
Bank A	Savings	0.5%	\$100	\$5	Yes	Yes	4.2
Bank B	Checking	0.1%	\$50	\$3	Yes	Yes	4.5
Bank C	Mortgage	3.8%	\$50,000	\$0	No	Yes	4.7
Bank D	Credit Card	15.9%	\$0	\$0	Yes	Yes	4.1
Bank E	Investment	6.2%	\$1,000	\$10	No	Yes	4.8

Bank Address

Signature and Date

I understand that this direct deposit election will remain in effect until I change it.

Signature

Date