CONCORDIA PLAN SERVICES

# Concordia Retirement Savings Plan - 1009634-01
# Automated Clearing House Funding Authorization

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

This form is used to establish Electronic Funds Transfer (EFT) of your Concordia Retirement Savings Plan contributions, which are processed by EBSO, Inc.

## A Employer Information

*Please complete thoroughly. All information is required.*

Employer Name _____ Employer Number _____

Address _____ City _____ State _____ Zip Code _____

Contact Name _____

E-mail Address _____ Phone Number _____

## B Authorization to Bank

This authorization is to establish an Automated Clearing House (ACH) funding agreement with EBSO, Inc. and the Employer, as stated above. This agreement is to provide the required funding as approved by the Employer when initiating contributions through EBSO, Inc., or when the Employer has requested a contribution correction that requires additional funding from this account. The Employer has total control and responsibility for initiating the funding for the above stated retirement plan.

Bank Name _____

City _____ State _____ Zip Code _____ Bank Phone Number _____

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Routing/ACH Number
(Located in the lower left corner of your check)

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| | | | | | | | | | | | | | | |

Account Number

Type of Bank Account (*Please check one.*) ☐ Checking ☐ Saving

## C Employer Representative Signature

This authorization is to establish an Automated Clearing House (ACH) funding agreement with EBSO, Inc. and the Employer, as stated above. The Employer authorizes EBSO, Inc. to conduct the ACH transactions needed to fund the contributions or corrections to the Concordia Retirement Savings Plan, as initiated by the Employer. The Employer agrees that the funds representing the reported amount due will be on deposit in collectible form and in sufficient amount on the day the EBSO, Inc. EFT is to be processed.

**X** _____

Signature of Employer Representative _____ Date _____

Printed Name of Employer Representative _____ Title or Office Held _____

**Important:** Please forward a copy of this form to your bank for authorization, and provide a voided check or a MICR spec sheet to confirm ACH routing. Pre-notification will occur to ensure proper set up. If the Employer has debit blocks set up, the Employer may need to provide its bank with EBSO, Inc.'s identification (ID) numbers. Please contact Concordia Plan Services at 888-927-7526, ext. 6008 if the EBSO, Inc. ACH company ID and ABA numbers are needed.

**Please return this form** and the voided check or MICR spec to EBSO, Inc. **to:** Fax 877-373-4889 • Phone 800-486-7664 ext. 2556
Address: EBSO, Inc., Attn: Concordia Retirement Savings Plan • 2145 Ford Parkway, Suite 200 • St. Paul, MN 55116