Concordia Plan Services
The Lutheran Church—Missouri Synod
PO Box 229007
St. Louis, MO 63122-9007

CONCORDIA PLAN SERVICES

Electronic Funds Transfer

Toll Free: 888-927-7526
St. Louis: 314-965-7580
Fax: 314-996-1127
E-mail: info@ConcordiaPlans.org
Website: ConcordiaPlans.org

Concordia Plan Services requires Electronic Funds Transfer (EFT) of monthly retirement, disability, and survivor benefits directly into your bank account, similar to the procedure used for Social Security benefits. Using EFT will mean that your monthly benefit will be deposited safely and on time, every time. Mail delays and extra trips to the bank will be eliminated. The EFT service costs you nothing, yet it saves you the concern of watching for your monthly check and depositing it, or verifying that your bank has received it through the mail.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A Instructions

- Please complete Sections B, C, and D; and return it to our office. (You may wish to keep a copy for your records.)
- In Section C, you will provide your bank's routing number, which may be found in the lower left hand corner of your personal checks. Please contact your bank to verify that you have the correct number! Errors can delay the deposit of your benefit payment by several days.
- If we receive your completed form during the early part of the month we will be able to verify the bank routing number and process your request in time for the following month's benefit payment.
- Please attach a voided check to this form.

B Worker Information

Name (Last, First, Middle Initial) | Social Security Number

Address

City | State | Zip Code | Home Phone Number

E-mail Address | Cell Phone Number | Work Phone Number

C Banking Information

Bank Name

City | State | Zip Code | Bank Phone Number

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

Account Number

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

D Worker Signature

I authorize Concordia Plan Services to electronically deposit my monthly benefit payment to the bank account listed in Section C.

X

Signature of Worker | Date