



**DIRECT DEPOSIT INFORMATION
AUTOMATED CLEARING HOUSE**

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

INST510

IMPORTANT! PLEASE PRINT OR TYPE AND REVIEW TO VERIFY THAT ALL INFORMATION IS CORRECT.

PERSONAL INFORMATION: Reverend Dr. Mr. Mrs. Ms.

Name: First: _____ MI: _____ Last: _____ Member/Ministerial File No.: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Telephone No.: _____ Soc. Sec. No.: _____

E-mail address: _____@_____

Marital Status: Married Single Widow/Widower Gender: Male Female

FINANCIAL INSTITUTION INFORMATION

Bank/Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Bank Telephone No.: _____

Indicate account type:

Checking

Savings

Please attach a void check.

I HEREBY CERTIFY THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Participant

Date

Please complete this form and return to:

CHURCH OF GOD BENEFITS BOARD, INC.
Post Office Box 4608
Cleveland, Tennessee 37320-4608