

For Office Use Only:

\_\_\_\_\_ Pre-note

\_\_\_\_\_ 457 All

\_\_\_\_\_ PEHP All

\_\_\_\_\_ PEHP Monthly



# NORTH SHORE BANK

## ACH Credit Authorization

### CREDIT AUTHORIZATION

I (we) hereby authorize North Shore Bank Retirement Services to credit my (our) indicated account per the Instructions. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply NACHA regulations, OFAC and U.S. Law.

#### Instructions

1. The credit will take place to my account after a "Health Care Reimbursement Plan Disbursement Request Authorization" is completed along with the supporting receipts for request has been received.
2. One time Disbursements received before noon on Friday, will have their bank account credited the following Friday.
3. Monthly Disbursement requests will take place on the 10<sup>th</sup> of every month. If the 10<sup>th</sup> falls on a non business day, the deposit will take place the business day before the 10<sup>th</sup>.
4. If this request is for a 457(b) plan distribution request, please allow 4 business days for the credit into your account

I (we) understand that this authorization also allows for ACH reversals to be originated in order to correct errors.

This authority is to remain in full force and effect until North Shore Bank has received written notification from me (us) of its termination in such time and manner as to afford North Shore Bank the opportunity to act on it.

I (we) will notify North Shore Bank two weeks prior to any updated bank account information.

### ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (circle): Checking or Savings

### SIGNATURE

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM.**