

ACH Debit Request - Automated Transfer Authorization for Participant Directed Accounts

* Required field • Please print • Retain a copy for your records

Use this form if you are updating your banking information or if you are adding a new product.

1. Employer information

| | | | | |
|------------------------------|-------|-------|----------------------|------|
| Employer name* | | | Municipality number* | |
| Employer address* | | City* | State* | Zip* |
| Phone (area code and number) | Email | | | |

2. Program identification

Apply to the following:

- Defined Contribution
 457
 Health Care Savings Program
 Retiree Health Funding Vehicle
 Investment Services Program
 DC Plus

This will apply to all divisions within the product(s) above.

3. Banking information

| | | | | |
|--|--|-----------------|--------|------|
| Bank name* | | | | |
| Bank address* | | City* | State* | Zip* |
| ABA/Routing number* | | Account number* | | |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |

Debit Block?

If there is debit block on the account, please provide the Alerus Organization ID **#145-0140105** to your bank to authorize payments.

4. Verification and signature

As an authorized signer for the Division, I hereby authorize *Alerus Financial, N.A.* to transfer (debit) funds from the bank account listed above via Automated Clearing House (ACH), effective immediately and until further notice.

The transferred funds represent plan contributions including loan payments and should typically be in an amount equal to the total on the payroll contribution file sent periodically from our company.

I agree to maintain a sufficient balance to cover such transfers. This also provides authorization to credit funds to this account, should there be a need for adjustments or correcting entries.

This authorization will remain in effect until it is cancelled in writing.

| | | |
|--------------------------------|--------|--------------------|
| Authorized employer signature* | | Date (mm/dd/yyyy)* |
| Printed name* | Title* | |

When you have completed this form, please upload using the Submit File feature in the Employer Portal - OR - return to your MERS contact with adoption documents.