

**EMPLOYER ELECTRONIC FUNDS TRANSFER
PENSION ACH APPLICATION**

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To have your ministers' pension contributions deducted directly from your organization's bank account monthly,
fill out and submit this form by mail or fax to the Covenant Pension Trust (see *bottom* for address).

Name of church or organization _____

EMAIL _____ PHONE _____

ADDRESS _____
STREET

CITY STATE/PROVINCE ZIP

NAME(S) OF MINISTER(S) AND PENSION ID NUMBERS _____
NAME / PENSION ID#

NAME / PENSION ID#

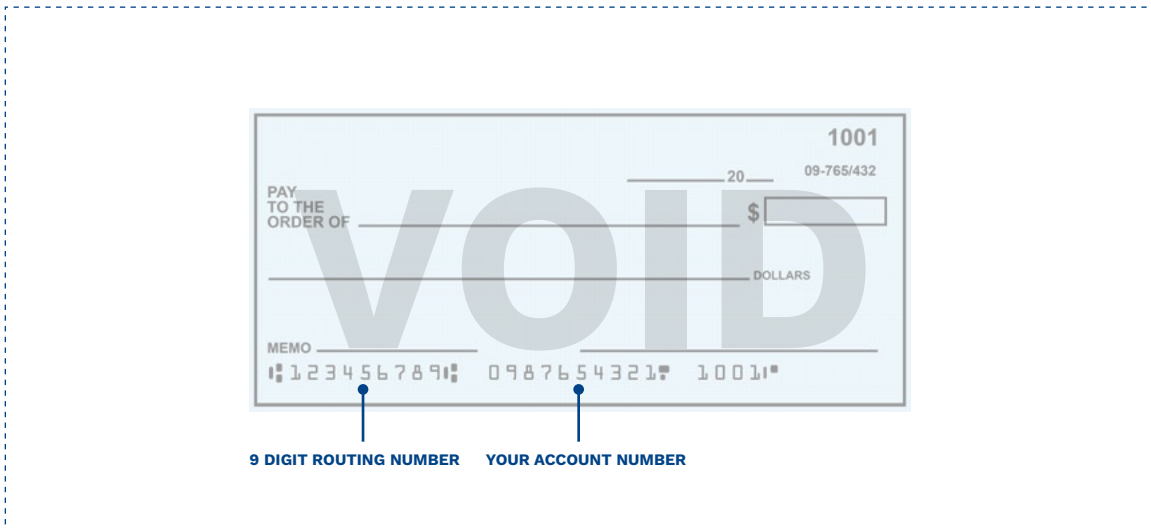
Bank Account Information

BANK NAME _____ TYPE OF ACCOUNT CHECKING SAVINGS

NAME ON THE ACCOUNT _____

ROUTING/ABA # _____ ACCOUNT # _____ MONTH TO START _____

For checking accounts, please attach a voided blank check in the space provided below.



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Statement of Authorization

I hereby authorize Covenant Pension Trust to automatically withdraw from my organization's account the total monthly contributions for ministers serving at this church/organization. I understand and accept that this will begin in the month I indicated above and will continue until the Covenant Pension Trust receives written notification from my organization stating this automatic withdrawal should be terminated. I also recognize that withdrawals will be made on the 15th of each month or on the first business day after the 15th. I understand that the amount withdrawn each month will be equal to a third of the total amount due for that quarter, or a prorated amount based on the remaining balance for the current year. If a salary report as not been received, an estimated monthly amount based on the previous year's salary will be withdrawn.

SIGNATURE _____ DATE _____
MONTH / DAY / YEAR

PRINTED NAME _____ TITLE _____