

DIRECT DEPOSIT INFORMATION AUTOMATED CLEARING HOUSE

☐ TRADITIONAL, BEFORE-TAX ACCOUNT				
IMPORTANT! PLEASE PRINT OR TYPE AND REVIEW			RRECT.	
PERSONAL INFORMATION: ☐ Reverend ☐ Dr. ☐	Mr.	☐ Ms.		
lame: First:MI: Last:		Member/Ministerial File No.:		
Home Address:				
City: S	tate:	Z	ip Code:	
Date of Birth:/ Telephone No.:		Soc. Sec. No.:		
E-mail address:	_@			
Marital Status: ☐ Married ☐ Single ☐ Widow/Widower Gender: ☐ Male ☐ Female				
Bank/Financial Institution:Address of Financial Institution:				
City: S	tate:	Z	ip Code:	
Local bank contact person:		Telephone No.: _	Telephone No.:	
Indicate account type:				
☐ Checking				
☐ Savings				
Please attach a void check.				
I HEREBY CERTIFY THAT THE INFORMATION ENTERED ON T	IIS FORM IS TR	UE, 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