



**BANKING INFORMATION**

**PLAN SERVICE CENTER (PSC) BANKING INFORMATION FORM**

**PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK**

Policy/Plan Number: \_\_\_\_\_

Division (if applicable): Name: \_\_\_\_\_ Number: \_\_\_\_\_

**\*Please submit a separate banking form for each division.**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax \_\_\_\_\_

**The Primary/Site Contact is the person that we will contact if we have any questions or concerns and when the banking change is complete.**

Primary/Site Contact (Please Print): Mr./Mrs./Ms. \_\_\_\_\_ Title: \_\_\_\_\_

(First Name) (Last Name) E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Extension: \_\_\_\_\_

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FASCore  
P.O. Box 1400  
Dept. 589 - 4T2  
Denver, CO 80201

Date: \_\_\_\_\_

RE: Automated Clearing House Account Access for Retirement Plan

Please accept this as formal notification that effective \_\_\_\_\_ **[INSERT EFFECTIVE DATE]**,  
\_\_\_\_\_ **[INSERT NAME OF PLAN SPONSOR]**, (the "Plan Sponsor"), has engaged Great-West  
Retirement Services ("Great-West") to be the recordkeeper for the \_\_\_\_\_ **[INSERT  
FORMAL NAME OF RETIRMENT PLAN]** (the "Plan"), as sponsored by the Plan Sponsor. The Plan Sponsor acknowledges that  
Great-West is a non-discretionary recordkeeper and that the Plan Sponsor retains all responsibilities otherwise not delegated to Great-  
West in a formal agreement.

To facilitate Great-West's recordkeeping duties for the Plan, Great-West and its affiliates are hereby authorized to access the  
Contractholder's designated account at the depository financial institution listed below to initiate debit or credit transaction via the  
Automated Clearing House (ACH) for the Plan. Company agrees to notify its depository financial institution of this arrangement.

**Depository Financial Institution Information:**

Company's Depository Financial Institution: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Account Title: \_\_\_\_\_

Account Type:    Checking: ☐    Savings: ☐    Money Market: ☐

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

Depository Financial Institution Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The Plan Sponsor agrees to provide Great-West with 30 days notice, prior to closing or changing this account.

**Authorized Plan Representative:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Cc: **[DEPOSITORY FINANCIAL INSTITUTION]:** \_\_\_\_\_

**Please complete, fax to Great-West, and provide a copy to your financial institution.**

**FAX NUMBER: (303) 801-5627**