



**MBA Contribution Form - For New or Changes in ACH Automatic Contributions**

***A voided check must be attached***

Mail or Fax to MBA when there are changes in the ACH amounts. P.O. BOX 2515, SPRINGFIELD MO 65803; FAX (417) 873-9250

Participant	Social Security Number	NEW	CHANGE	403(b) SELECT Employee Deferrals	403(b) SELECT Employer Contributions	403(b) SELECT Roth After-tax Contributions	403(b) SELECT Traditional After-tax Contributions	Deferred Comp "Rabbi" Trust Contributions	Personal Savings Account Number	Personal Savings Account Contribution
1				\$	\$	\$	\$	\$		\$
2				\$	\$	\$	\$	\$		\$
3				\$	\$	\$	\$	\$		\$
4				\$	\$	\$	\$	\$		\$
5				\$	\$	\$	\$	\$		\$
6				\$	\$	\$	\$	\$		\$
7				\$	\$	\$	\$	\$		\$
8				\$	\$	\$	\$	\$		\$

Please include ALL employees for which you are making contributions, not just those you wish to add or change. Include the dollar amounts for each type of contribution.

Line through deletions. Total ACH amount should equal total for ALL employees. Keep a copy of this form to make future changes.

The signature(s) of the authorized parties indicate that this ACH debit total will remain in effect until we receive written notice of changes.

\_\_\_\_\_  
Name of Employer

\$
TOTAL ACH Amount

\_\_\_\_\_  
Authorized signature Date

\_\_\_\_\_  
Address of Employer

This ACH Amount is to begin with the amount being withdrawn from the account on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Not to exceed 45 days from now).

\_\_\_\_\_  
Second authorized signature Date  
(when required)

\_\_\_\_\_  
City, State & Zip Code of Employer

(ACH is withdrawn on the 10th or 20th of the month or the business day thereafter. The change form must be in our office four business days before the pull date; new account additions to this list must be in our office by the first day of the month.)

**New and final partial month contributions should be remitted by check and not included in this form. Only full monthly contributions should be included here.**

\_\_\_\_\_  
Phone Number of Employer

\_\_\_\_\_  
Name of Payroll Coordinator

I certify that I am an Assemblies of God credentialed minister serving as an evangelist or chaplain and that the contribution on this form is related to income from these activities. I further certify that I understand that there are legal limits to what may be contributed to a 403(b) retirement account and will abide by those limits. I further certify that if I stop serving or suspend activities as an evangelist or chaplain, or if I terminate credentials with the Assemblies of God that I will inform MBA in a timely manner and MBA will cease making these contributions to my retirement account.