

Personal Pension Plan Contribution Authorization Form

Greek Orthodox Archdiocese of America

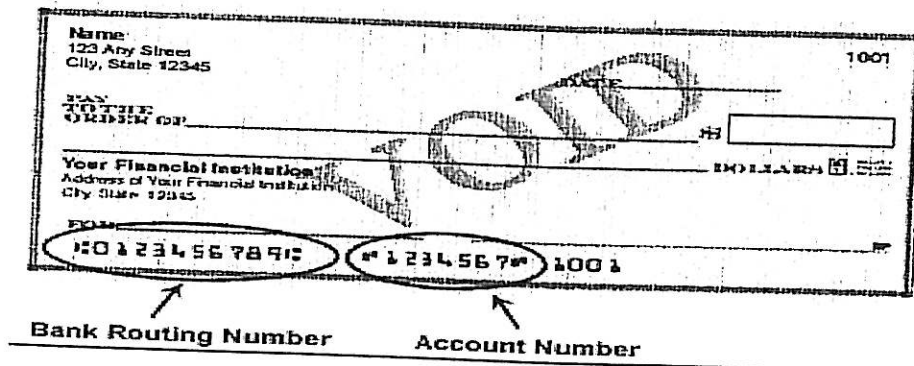
Authorization for Electronic Debit from Checking/Savings Account

Here's how the Direct Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the 17th of each month. Proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. You must notify us in writing within ten (10) days of any change to the dollar amount of your authorization. Simply complete this authorization form and return it to us.

All you need to do is:

- 1) Indicate whether your payment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, amount of authorization and date.
- 3) If debiting from your checking account, attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number. See the example below to help locate these numbers on your check.
- 4) If debiting from your savings account, please verify your routing number and account number with your financial institution.



Please complete the information below.

I authorize The GDC Financial Group, Inc. to initiate electronic debit entries to my:

_____ checking account (or) _____ savings account

for payment of my Greek Orthodox Archdiocese of America Personal Pension Contribution.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

PARTICIPANT NAME: _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____

NAME(S) ACCOUNT IS LISTED UNDER: _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

AMOUNT AUTHORIZED MONTHLY: _____

ACCOUNT HOLDER SIGNATURE: _____ Date ____ / ____ / ____