



Nationwide<sup>®</sup> Retirement Plans • Phone: 1-800-548-6436 • Fax: 1-877-NF401ks (1-877-634-0157)

### Section 1 FORM INFORMATION

This form is for use by Nationwide Retirement Plans administrative partners operating within the Preferred Plan Administrator (PPA) and Third Party Administrator (TPA) models.

### Section 2 FIRM AND PAYEE INFORMATION

In order for Nationwide<sup>®</sup> to directly deposit your semi-monthly Compensation check into an account with your financial institution, you must complete this authorization form and verify that your financial institution does accept direct deposit/ACH transactions. This form must also be used to make future changes to your direct deposit instructions.

**A voided check must be attached to this request.**

NOTE: It is very important that the correct nine-digit routing/ABA number is provided. If an incorrect routing/ABA number is supplied, Nationwide<sup>®</sup> cannot guarantee that misrouted funds will be retrieved.

Administrative Firm Number: \_\_\_\_\_

Administrative Firm Name: \_\_\_\_\_

Choose One:

- New
- Change

Payee, \_\_\_\_\_, hereby authorizes Nationwide Insurance Company to automatically deposit all net compensation payments due to our firm into the following account(s):

Financial Institution: \_\_\_\_\_

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

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

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

Routing/ABA Number: \_\_\_\_\_

Account No.: \_\_\_\_\_

This authorization is to remain in full force and in effect until Nationwide<sup>®</sup> has received advance notification in writing from the undersigned of its termination or a new signed authorization form. It is understood that such notification and new authorization must be provided and received by Nationwide<sup>®</sup> in such time and such manner as to afford Nationwide<sup>®</sup> a reasonable opportunity to act on them.

### Section 3 AUTHORIZATION

\_\_\_\_\_  
General Agent/Service Provider Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Agent/Service Provider Signature

\_\_\_\_\_  
If you wish, you may provide a contact telephone number and/or e-mail.