



**Request for Pre-Authorized Debit & Credit Entries**

**Financial Institution Information**

**Name of Financial Institution**

\_\_\_\_\_

**Financial Institution's Address (Street)(City) (State) (ZIP Code)**

\_\_\_\_\_

**Routing & Transit No. (Bank I.D. No.)** \_\_\_\_\_

**Account No.** \_\_\_\_\_

**Account Type (i.e. checking)** \_\_\_\_\_

**Please read the following information closely.**

I (we) hereby request the periodic deposit of amounts owed to ACCE Benefits Trust (Trust) for retirement services and hereby authorize Association of Chamber of Commerce Executives (ACCE) to initiate variable debit and credit entries to our checking account at the financial institution named above. I (we) authorize ACCE, if necessary, to initiate any entries and adjustments to correct entries to the checking account listed.

This authorization is subject to the following conditions:

1. Such variable debit and credit entries shall be made only after the Trust has determined the quarterly administrative fee amount owed by the chamber and the chamber is informed of the amount. ACCE shall forward on behalf of The Trust an invoice which includes the amounts owed to the Trust.
2. The privilege of making deposits under this authorization will be terminated:
  - a. At my election, upon written notice to ACCE, 1330 Braddock Place, Suite 300, Alexandria, VA 22314.
  - b. At the election of the named financial institution upon written notice to me and ACCE.
  - c. At the election of ACCE upon written notice to me.

Authorized Signature(s): \_\_\_\_\_  
(If Joint Accountholder – both MUST sign)

Print Name(s): \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Employer 401k Plan Location #: \_\_\_\_\_

**RETURN TO ACCE BENEFITS SERVICES**

Scan and email to: [accebenefitsteam@acce.org](mailto:accebenefitsteam@acce.org)