



## ACH Electronic Transfer Authorization Form

To initiate your pre-arranged draft(s), please complete the following information and return this form to TMI Trust Company (“TMI”).

**You will need to provide TMI with a nine digit “Routing Transit” number which can be obtained from your financial institution.**

\_\_\_\_\_ Account Holder Name (Please Print) TMI Account Number \_\_\_\_\_

**This authorization is for** (check one):  Initial Setup  Change Existing ACH

Funds are to be withdrawn from: \_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Type of Account:**  Checking Account  Savings Account  Credit Union Account

**Bank Routing Transit Number** (Required): \_\_\_\_\_

**Bank Account Number** (Required): \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**Frequency:**  Weekly  Monthly  Semi-Monthly  
 Quarterly  Semi-annually  Annually

**Payment Drafting Date:** \_\_\_\_\_

**Agreement:** I/we have read and understand the ACH Authorization Terms and Conditions (“terms”), and by signing below agree to the terms. I/we understand that a fee will be assessed to my/our TMI account if a debit is returned due to insufficient funds, stop payment, account closed, or any other circumstance which result in failure of such debit entry to clear my financial institution account, unless such item does not clear due to an error of TMI.



## ACH Authorization Terms and Conditions (“Terms”):

As a convenience, I/we hereby request and authorize TMI to pay and charge to my/our account for the amount specified by me/us to TMI as such amount becomes due by initiating debit entries to my/our account indicated at the financial institution named. I/we request such financial institution to accept any debit entries initiated by TMI to such account and to debit the same to such account without responsibility for the correctness thereof. I/we understand that such amounts will be credited as current year contributions (unless otherwise specified, if receiving account is an IRA). I/we understand that this agreement may be terminated by me/us at any time by sending written notification to both my financial institution and TMI. Any such notification to TMI shall be effective only with respect to entries to be initiated by TMI ten (10) working days or more after receipt of such notification.

I/we also understand that I/we may direct TMI not to debit my/our account at the indicated financial institution, provided that such authorization is in writing and is received by TMI not less than ten (10) business days prior to the scheduled initiation of the debit entry.

I/we agree to hold TMI harmless from any consequences of acting in accordance with this agreement. I/we understand that TMI is not liable for the failure of a debit entry to be accepted by my/our financial institution.

_____	_____
Account Holder’s Signature	Date
_____	_____
Account Holder’s Signature (If Joint)	Date

**Please keep a copy for your records, and send completed form via email, fax or mail:**

**Email:** [ClientAdvocate@tmico.com](mailto:ClientAdvocate@tmico.com)

**Fax #:** 678-274-1805

**TMI Trust Company  
Operations Center  
1100 Abernathy Road, Suite 480  
Atlanta, Georgia 30328**

**(For TMI use only)**

**EFT Inception Date:** \_\_\_\_\_