

## SENTINEL 403(b) PROGRAM DIRECT DEPOSIT INSTRUCTIONS

Direct Deposit through ACH (Automated Clearing House) may only be used for a distribution payable to you. Do not use this form when requesting a direct rollover or transfer.

Submit this form with your Distribution Request Form or Hardship Distribution Request Form

BANK INFORMATION	
Participant Name	Social Security Number
Bank Name	<i>Bank Phone</i>
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Transit Number	Bank Account Number
Participant Signature	Date

**Bank Name:** Name of the Financial Institution your payments will be sent to

**Bank Phone:** Phone number of your Financial Institution

**Account Type:** Please indicate whether funds will be deposited into a savings or checking account

**The numbers on the bottom of your check may be, but are not always, the bank's routing information for ACH transfers. It is best to verify your Account Number and Routing Transit Number (sometimes known as the ABA number) with your Financial Institution.**

**Routing Transit Number:** Please clearly write your depository Routing Number (9 Digits)

**Account Number:** Please clearly write your account number

You must sign and date this form.