



# Thrivent Funds Plan Administration Online Access ACH Debit Authorization

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**Section 1 - General Information**

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Name of group		Group number
Name of plan administrator		Phone
Email address		
If you administer another plan established in Thrivent Funds Administration Online, enter the group number and operator ID.		
Group number	Operator ID	

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**Section 2 - Bank Information**

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Bank must be a participant of the Automated Clearing House (ACH) network.

Name of bank		
Routing number	Account number	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank account owner(s)		

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**Section 3 - Agreements and Signatures**

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**Important:** By signing this paperwork, you agree and confirm that your use of the ACH network will not result in transfers to or from a bank outside of the United States. You also understand it is your responsibility to notify Thrivent Financial Investor Services, Inc. if any changes to your status occur that may require funds to be sent to or from a bank outside of the United States.

I authorize Thrivent Financial Investor Services Inc. to: 1) make electronic deposits, withdrawals and corrections to my bank account that comply with U.S. law; 2) act on this authorization until I revoke it by contacting Thrivent Funds; 3) apply this authorization to any future bank accounts I may designate; 4) make administrative changes to this authorization which I request such as date or amount changes; 5) release any and all information related to this authorization to the third party account/contract owner, and 6) act upon electronic deposit instructions I provide to my representative.

Signature of authorized signer	Date signed
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**X**  
Print name

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**Mail completed form to:**

**Regular Mail:**  
Thrivent Funds  
PO Box 219348  
Kansas City, MO 64121-9348

**Express Mail:**  
Thrivent Funds  
430 W 7th St  
Kansas City, MO 64105

**Fax:**  
866-278-8363

**Phone:**  
800-847-4836