Wespath

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
wespath.org

Hardship Loan Debit Agreement

Wespath-administered plans such as Compass Retirement Plan (Compass) or Personal Investment Plan (PIP)

Part 1 – General Information

Name_____ Social Security # (last 5 digits)____ ____ ____ ____ ____

Part 2 – Authorization for Automatic Debits

I, the undersigned, agree to make monthly loan payments to Wespath, on the 20th day of each month. I hereby authorize Wespath to debit such payments by electronic fund transfer (EFT) from my (check one):

☐ Checking Account ☐ Savings Account

This debit agreement applies only to my hardship loan.

Part 3 – Financial Institution Information

Bank name_____

Financial institution's transit routing #_____ Account number_____

It is your responsibility to provide Wespath with any updates to this information. If a loan repayment cannot be processed due to a change in your account information or insufficient funds in the account, you may be assessed a non-sufficient funds fee by your financial institution and/or by Wespath. You are responsible for the payment of any resulting fees.

This agreement remains in full effect until you provide written notification to Wespath of its termination in such time and manner as to afford Wespath a reasonable opportunity to act on it. This debit agreement will end with the last payment of your loan or when Wespath terminates it after it has sent you a 10-day advance written notice of Wespath's termination of this agreement. It will take up to 30 days from Wespath's date of receipt to process this agreement.

Part 4 – Participant Signature

I agree to the terms of this debit agreement and to the *Hardship Loan Terms and Conditions*.

Participant Signature_____ Date_____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **contributionsteam@wespath.org**,
- Fax to **1-847-866-5191**, or
- Mail to: Wespath
  Attention: Contributions Team
  1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.