

Loan Repayment ACH Update



Plan Type: 403(b) 457

Account Number

First Name

Last Name

M.I.

Plan Name

Plan Number

Loan Number(s)

Bank account will be debited on the 15th day of each month, or the business day before or after, if the 15th is not a business day. In the event that any loan payment cannot be processed due to insufficient funds, the debit may be re-requested, and insufficient fund fees may be applied.

Bank Name _____

Bank Address _____

City _____ State _____ Zip _____

9-Digit Routing / ABA # _____

Deposit to Account # _____

Name(s) on Deposit Account* _____

*Participant's name must be on the deposit account.

Further Credit _____ FBO Account Name _____

Account Type: Checking Savings

Please include voided check or account confirmation on bank letterhead.

I hereby authorize PCS Retirement | Aspire, to facilitate debits from my bank account, as applicable, until the loan's principal and interest have been fully repaid.

Participant Signature

Date (month | day | year)

Upload through the Form Submission Tool at www.aspireonline.com/resources/forms-submission-tool. Maintain a copy for your records.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm ET.