Nationwide Funds
On Your Side®

Direct Deposit Authorization Form

Please use a pen and print clearly in CAPITAL LETTERS.

Signing this form authorizes your employer or other check issuer to make investments directly from your paycheck or other recurring payment into the fund(s) of your choice in the dollar amount(s) indicated. You must meet the account minimums for each Fund in which you invest.

Instructions

Do not return this form to Nationwide Funds. Provide this form to the organization that issues your checks.

If your employer or check issuer has its own direct deposit authorization form, you may use that form if all information in the Section titled "Direct Deposit Account and Routing Information" is included.

Note for Federal government employees or federal government check recipients
If you are an employee of the federal government, please fill out the Government Direct Deposit Form 1199A. If you are receiving a federal government benefit payment, such as Social Security, please fill out the Government Direct Deposit Form FMS-1200. You can obtain these forms on the forms section of our website, nationwide.com/mutualfunds, or on the U.S. Treasury Financial Management Service website, fms.treas.gov.

Account Holder Authorization

Account Holder Name (First, Middle, Last) _____

Daytime Telephone # _____

Please make the following periodic payments into my Nationwide Mutual Funds account.

$_____ Amount

OR ☐ Total net pay (the amount received after all taxes and deductions are applied)

Note for IRA shareholders
Direct deposits into an IRA are treated as current year contributions only and are subject to the applicable IRA contribution limit.

I hereby authorize the payer to make periodic payments in the amount specified above to my Nationwide Mutual Funds Account. I understand that I may terminate this agreement by notifying my payer in writing, and that termination will become effective after my payer has had reasonable time to act on it. I authorize my payer to correct any deposits made in error by its payroll department or processing bank by debiting my account.

Account Holder Signature _____

Date _____

Direct Deposit Account and Routing Information

NOTE: You must provide this information in order for your employer or check issuer to set up your direct deposit. All boxes must contain a number. Please add zeroes to the beginning of your Nationwide Mutual Funds Account Number if necessary to eliminate blank boxes.

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ABA Number	Account	Fund Number		Nationwide Mutual Funds Account Number

Payer Instructions

The individual named above is authorizing you to set up direct deposit payments into his/her Nationwide Mutual Funds account using the Direct Deposit Account and Routing Information above. If you substitute your own authorization form, be sure to include this information in your instructions to your payroll system or processing bank.

For assistance completing this form, call 1-800-848-0920.