

ARIZONA LABORER' AND TEAMSTERS' PENSION TRUST FUND

PENSION TRUST FUND
(DEFINED BENEFIT)

ADMINISTRATIVE OFFICE

ANNUITY TRUST FUND
(DEFINED CONTRIBUTION)

2400 W. DUNLAP AVE., SUITE 250
PHOENIX, AZ 85021
(602) 249-3582

AUTHORIZATION FOR DIRECT DEPOSIT

NAME OF BANK, CREDIT UNION, ETC.

NAME OF BRANCH OFFICE

PHONE NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

CITY

STATE

ZIP CODE

CHECKING SAVINGS

ACCOUNT NUMBER

BANK ROUTING OR TRANSIT NUMBER (9 DIGITS)

PLEASE PROVIDE THE EXACT SEQUENCE OF NUMBERS, DASHES, SPACES, ETC. OF THE MEMBERS ACCOUNT NUMBER

MEMBER INFORMATION

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS OR P.O. BOX NUMBER

PHONE NUMBER

CITY

STATE

ZIP CODE

LOCAL UNION NUMBER

I HEREBY AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND TO DEPOSIT MY MONTHLY PENSION CHECK INTO THE ACCOUNT LOCATED AT THE FINANCIAL INSTITUTION LISTED ABOVE.

I FURTHER AUTHORIZE THE ABOVE NAMED PENSION TRUST FUND AND/OR THIS BANK TO DEBIT MY ACCOUNT FOR THE PURPOSE OF ERROR CORRECTION AND/OR TO REFUND PENSION PAYMENTS INADVERTENTLY MADE AFTER MY DEATH.

SIGNATURE

DATE

PLEASE ATTACH A VOIDED CHECK IF A CHECKING ACCOUNT. ATTACH A BLANK DEPOSIT SLIP IF A SAVINGS ACCOUNT.