

**Arizona Bricklayers • Ceramic Tilelayers
Pension and Vacation Trust Funds**

**ADMINISTRATIVE
OFFICE**

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**AUTHORIZATION FOR DIRECT DEPOSIT
PENSION TRUST FUND**

NAME OF FINANCIAL INSTITUTION

NAME OF BRANCH OFFICE

TELEPHONE 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

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

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 FINANCIAL INSTITUTION 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.
PLEASE ATTACH A BLANK DEPOSIT SLIP IF A SAVINGS ACCOUNT.