

**AUTHORIZATION FOR DIRECT DEPOSIT
PENSION TRUST FUND**

Name of Bank, Credit Union, etc.

Name of Branch Office

Phone Number

Street Address or P.O. Box Number

City, State, Zip Code

Account Number

Checking

Savings

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

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 refund of 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