

PENSION CHECKS – DIRECT DEPOSIT FORM

If your check is to be sent directly to your bank or financial services company for electronic direct deposit, please complete the following information including the Account Number.

Participant Information	_____	_____
	Name	Social Security Number

Check Mailing Address	_____
	Institution Name
	Address

City/State	Zip

Account Information	<input type="checkbox"/> Checking Account Number _____
	<input type="checkbox"/> Savings Account Number _____
	ABA (Nine Digit Bank Routing Number) _____
	Account is in the name of _____

I hereby authorize the pension administrator to initiate credit entries to my account as indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

_____	_____
Participant Signature	Date
_____	_____
Bank Representative Signature (If no voided check is attached)	Date
_____	_____
Title of Bank Representative	Bank Telephone Number

Although my check will be direct deposited into the account above, I would like to receive a pay advice each month for my benefits.

_____	_____
Participant Signature	Date