

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

PLACE VOIDED CHECK HERE

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