

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSIT OF PENSION CHECKS
BY ELECTRONIC FUND TRANSFER**

I hereby authorize the Arizona Pipe Trades Pension Trust Fund, hereinafter called "the Fund", to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account as described below and the Financial Institution named below:

Name of Financial Institution: (Bank) _____

PLEASE ATTACH A VOID CHECK SO WE CAN VERIFY THE FOLLOWING:

Account Type (Circle One): Checking _____ Savings _____

Account Number: _____

Transit / ABA Number: _____

This authority is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund and the Bank a reasonable opportunity to act on it.

Signature of Retiree: _____

Social Security Number

Phone Number

Date

NOTE: Changes affecting electronic transfers must be received in the Fund Office no later than the 15th of the month in order to be effective the first of the following month.

Remember to keep the Fund Office advised of your correct mailing address for correspondence purposes.

Mail your forms and correspondence to:

Arizona Pipe Trades Pension Trust Fund
3109 N. 24th St, Suite #105
Phoenix, AZ 85016
Phone #602-956-1950
Fax #602-956-3016