

**DIRECT DEPOSIT (ACH) AUTHORIZATION FORM
FOR MONTHLY PENSION PAYMENTS**

PLEASE RETURN COMPLETED FORM TO:

BAC LOCAL 23 NORTH SHORE CHAPTER FUNDS
9525 SWEET VALLEY DRIVE
VALLEY VIEW, OH 44125

PHONE: 216-520-1644

FAX: 216-520-1663

Note: A preprinted voided check(not deposit slip) or preprinted savings deposit slip with routing number(or bank statement) is required.

If a voided check/savings slip/ bank statement is not attached, this request will NOT be processed.

BAC Local 23 North Shore Chapter Pension Fund
PLAN NAME (Name of employer providing pension)/Plan number

Pensioner/Recipient Name: _____

Pensioner Address: _____

Phone # w/Area Code: __ (____) _____

Social Security Number: XXX-XX-_____ (Last 4 Digits)

I am entitled to receive pension benefit payments from the Plan stated above. I hereby request that all future payments to which I am entitled be transmitted via ACH to the financial institution listed below. If any payment is deposited to the stated account, and if I am not entitled to such payment by reason of my death or any other reason under the terms of the Plan Agreement governing my benefit payments, I hereby authorize and direct the financial institution to refund to Charles Schwab Trust Bank the amount of such overpayments. This authorization will stay in effect until written notice to stop is received by the Pension Fund.

Name of Financial Institution

ABA/Bank Routing Number

Account Number

Check One:

- Checking Account with a voided check (not deposit slip) attached
- Savings Account with a preprinted savings deposit slip with routing number (or bank statement) attached
- I wish to discontinue direct deposit of my payment and receive a live check

Signature of Pensioner/Recipient and Date

Bank Representative Signature and Date(If no voided check attached)

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