

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

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**PLEASE RETURN COMPLETED FORM TO:**

BRICKLAYERS LOCAL NO. 5 OHIO FUNDS  
6200 ROCKSIDE WOODS BLVD. N STE 210  
INDEPENDENCE, OH 44131

PHONE: 216-520-1644

FAX: 216-520-1663

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**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.

Bricklayers and Masons Local No. 5 Ohio Pension Fund  
PLAN NAME (Name of employer providing pension)

\_\_\_\_\_ 45011 \_\_\_\_\_

Plan Number

Pensioner Name: \_\_\_\_\_

Pensioner Address: \_\_\_\_\_  
\_\_\_\_\_

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 The Huntington National Bank the amount of such overpayments. This authorization will stay in effect until written notice to stop is received by Huntington.

\_\_\_\_\_  
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 and Date**

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