

Cascade Pension Trust

Auto Pay Application Form Cascade Pension Employee Directed 401(k) Plan, #801728

A voided check must accompany this application form.

Name: _____ **SS#:** _____
(Please Print)

Address: _____ **Phone: ()** _____

City: _____ **State:** _____ **Zip:** _____

I authorize the Cascade Pension Trust/A&I Benefit Plan Administrators to initiate deductions from my account as listed below and to apply the funds as my monthly loan repayment to the Cascade Pension Trust.

Checking Account Savings Account

Bank Name: _____

Name(s) on Account: _____

Bank Account Number: _____

Bank ABA Routing Number (9-digits): _____

Authorized Signature: _____ Date: _____

This authorization shall remain in effect until canceled by me in writing.

For Plan Administrator Use only:

Beg. Date _____ Amount \$ _____

CSR _____ Date _____

Application forms are due by the 1st of the month for that month's payment to be made via auto pay. Payments are deducted from accounts on or about the 10th of each month.