

**Auto Pay Application Form****Cornell-Hart Pension Plan, Employee Elective 401(k) Plan, #337773-01**

**A voided check must accompany this application form.**

**Name:** \_\_\_\_\_  
(Please Print)

**SS#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

I authorize the Cornell-Hart 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 Cornell-Hart 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 15<sup>th</sup> of each month.