

Authorization Request For Direct Deposit of Periodic Benefit Payment



Pay Group # (FOR OFFICE USE ONLY)

I hereby authorize the direct deposit by PNC Bank, N.A. (PNC Bank), the paying agent for my employee benefit plan, of my benefit payments to the Financial Institution and checking / savings account shown below. I / We further authorize the refund of any deposits made following the benefit recipient's death pursuant to the National Automated Clearing House Association Operating rules 4.7 to 4.7.4.

I / We, the owner(s) of the said checking / savings account, will return to PNC Bank, the full amount of any excess benefit deposits made but unrecoverable from the named account. This agreement is also binding on our heirs, assigns and estate.

Retiree Data

Name	Social Security Number
Address	
City, State, Zip Code	
Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature (REQUIRED)	Joint Owner's Signature

* This form must be received at PNC by the 10th of the month to process for the next monthly payment.

* Direct Deposit benefit payments payable on the 1st of the month may not be available for withdrawal until the first business day of the month.*

To Be Completed by Your Financial Institution

Bank Name	
Address	
City, State, Zip Code	
Routing Number - 9 Digits Required (If routing number is not supplied, check will be mailed to your bank.)	
Officer's Signature	Telephone Number

NOTE: Attach a blank personal check marked "VOID" to this form.

A DEPOSIT SLIP IS NOT ACCEPTABLE FOR A SAVINGS OR CHECKING ACCOUNT REQUEST.

If you have any questions or concerns regarding your benefit payment please call 1-800-622-3014.

Authorization Request may be faxed to (216) 257-8476.

Mailing Address: PNC - EB Distributions
Loc. 01-5334
P.O. Box 94777
Cleveland, OH 44101-4777