

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Type of Account: ☐ Checking ☐ Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

Please allow up to 45 days for the direct deposit set-up process to be completed.

ATTENTION Surviving Spouses, Beneficiaries, and Alternate Payees: You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund, therefore, please write the name and social security number of that Participant below:

Participant: _____ Social Security No. _____

K900

RUFUS MAPLE
MARY MAPLE
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$

ANYPLACE BANK
Anyplace, LA 70000

For _____

Routing number Account number

15-000000000 1234

Do not include the check number

1: (250250025) 202020 86 1234

Note: The routing and account numbers may be in different places on your check.