



SIGN PICTORIAL AND DISPLAY INDUSTRY TRUST FUNDS

DIRECT DEPOSIT AGREEMENT

Name _____ SSN _____

Address _____

Phone _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Plan to deposit all amounts due to me in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid.

Signature _____

Date _____

Name of Financial Institution _____

Can you accept "Automated Clearing House" transactions? Yes ☐ No ☐

Bank ABA Number: _____ Account Number: _____

Type of Account: ☐ Checking/Share Draft ☐ Savings

The following is to be completed by the Financial Institution

AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the Pension Plan. The Financial Institution agrees to refund to the Defined Benefit Pension Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan.

Branch _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Signature of Authorized Representative _____

Title _____

Date _____