



# ELECTRONIC DEPOSIT AUTHORIZATION FORM

## MEMBER INFORMATION:

\_\_\_\_\_  
Last, First Middle Initial Employee ID

I hereby make the following requests and authorizations relating to my periodic benefit payments from the retirement plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City State Zip Code

**\*\*\* A voided check or pre-printed savings deposit slip must be attached to process this request\*\*\***



A Bank representative may complete the following portion if a voided check or pre-printed savings deposit slip is not available:

Account Type:  Checking  Savings Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Representative Date

\_\_\_\_\_  
Printed Name Phone #

**I understand this completed form must be received by the Fund by the 10<sup>th</sup> of the month to take effect the 1<sup>st</sup> of the following month.**

In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

\_\_\_\_\_  
Signature Date