



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

(Please return the completed form to the fax number or postal address below)

Part I - Retiree Information (all fields must be completed by the retiree or retiree representative)

Retiree Name: _____

Social Security Number: _____

Home Number: _____ Cell Number: _____

Signature: (I hereby authorize direct deposit into the bank account listed below) _____ Date: _____

Email Address: _____

Postal Address: _____

Please check the box if your funds are deposited in a U.S. financial institution and the entire amount will be subsequently forwarded to a financial institution outside of the U.S.

Part II - Bank Information (all fields must be completed by the retiree, retiree representative or the bank)

Bank Routing Number (must be 9 numeric digits): _____ Bank Account Number: _____

Bank Name and Address: _____ Type of Account: _____

Checking / Savings

(circle one)

******FOR SECURITY REASONS PLEASE DO NOT EMAIL THE COMPLETED FORM ******