

PENSION BENEFIT DIRECT DEPOSIT FORM

Pension Fund Name:							
Pensioner Name:							
Social Security Number:		XXX - XX -	Daytime Phone		()		
Please check the status that applies to the information you are providing:							
New:			Change:			Cancel this account:	
Bank Name:					City & State:		
* ABA / Routing Number (9 digits):			Account Number:				
Account Type:		Checking:		Savings:			
Amount of Deposit:		100% / remainder	OR		Flat Amount of:		
IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:							
Please check the status that applies to the information you are providing:							
New:			Change:			Cancel this account:	
Bank Name:					City & State:		
* ABA / Routing Number (9 digits):			Account Number:				
Account Type:		Checking:		Savings:			
Amount of Deposit:		100% / remainder	OR		Flat Amount of:		
IF DEPOSITING TO MULTIPLE ACCOUNTS, PLEASE COMPLETE ADDITIONAL BANK INFORMATION BELOW:							
Please check the status that applies to the information you are providing:							
New:			Change:			Cancel this account:	
Bank Name:					City & State:		
* ABA / Routing Number (9 digits):			Account Number:				
Account Type:		Checking:		Savings:			
Amount of Deposit:		100% / remainder	OR		Flat Amount of:		
* To verify the Bank ABA Rounting Number, please forward a copy of a voided/blank check with this form.							
<p>I hereby authorize Lauterbach & Amen, LLP, as agents of the above-referenced Pension Fund, to deposit my pension benefits directly into the bank account of my choice as specified above. I understand that a pay slip will be provided to me each pay period for my records. <i>(Should there be a delay in the mail, please understand this slip is simply provided for my records and is independent of the posting of the deposit to my bank account(s).)</i> I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me of its termination or change.</p>							
Signature:					Date:		

FOR OFFICE USE ONLY:

If full cancellation of Direct Deposit is requested, Pension Fund Trustee Approval Required:			
Trustee Name		Title:	
Trustee Signature:		Date:	