



PENSION BENEFIT - DIRECT DEPOSIT FORM

Pension Fund Name: _____

Pensioner Name: _____

Social Security Number: XXX-XX-_____ Daytime Phone: _____

To verify your bank information, please include a copy of a voided/blank check with this form to the Benefits Team via email, fax or mail.

Primary - Bank Account – Primary Pension Payment Direct Deposit Account

Check the type of change that is required:

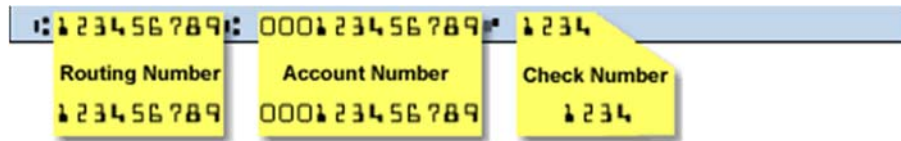
New Account Change Bank Information

Bank Name: _____

ABA/Routing # (9 Digits): _____

Account #: _____ Type: Checking or Savings

(Do not use Deposit Slip)



Optional - Alternate Bank Account – Optional Second Account

Check the type of change that is required:

New Account Change Bank Information Cancel Account #: _____ (List account number to remove)

Bank Name: _____

ABA/Routing # (9 Digits): _____

Account #: _____ Type: Checking or Savings

Deposit Dollar Amount: \$ _____

I hereby authorize Lauterbach & Amen, LLP, as agents of the above referenced Pension Fund, to deposit my pension benefits directly into the bank accounts of my choice as specified above. I understand that a payment slip will be provided to me each pay period for my records. I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me to cancel or change this information.

Signature: _____

Date: _____

Email Address: _____