

UNITED SCENIC ARTISTS, USA LOCAL 829 PENSION FUND

Direct Deposit of Pension Checks Authorization Agreement

YES! Please sign me up for Direct Deposit of Pension Checks.

I authorize my pension administrator to deposit my pension check each month directly into the account named below. This authority will remain in force until I have given written notice that I have terminated it or until my pension administrator has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank to make the appropriate adjustment.

Signature _____ **Date** _____

Name _____ **Phone #** _____

Home Address _____ **Apt. #** _____

City _____ **State** _____ **Zip Code** _____

Social Security Number ____ / ____ / ____ - ____ / ____ - ____ / ____ / ____ / ____

Each month, please deposit my entire net pension benefit into the existing bank account listed below*

Bank _____

Branch Address _____

Account No. _____

- Savings**
- Checking**
- Money Market**

ABA NUMBER (first nine digits only) ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Your ABA number appears at the bottom left-hand corner of your checks.

For existing checking accounts: Attach a personal check with the word “VOID” written in large letters in Ink across the face of check. **DO NOT SIGN THE CHECK.**

* The bank you specify must be a member of an Automated Clearing House. Yours probably is, but if not, your pension administrator will let you know so you can make an alternate choice