

TEAMSTER MEMBERS RETIREMENT PLAN

455 KEHOE BLVD., SUITE 100 • (630) 752-8400 • FAX (630) 752-8490
CAROL STREAM, ILLINOIS 60188



AUTHORIZATION FOR AUTOMATIC DEPOSIT OF PENSION PAYMENTS

Provide the following information to initiate direct deposit of your Teamster Members Retirement Plan ("Plan") pension check. In the event of your death, your family must contact the Plan Office immediately to determine whether further benefits are due on your behalf. **FAILURE TO DO SO MAY RESULT IN THE UNLAWFUL RECEIPT OF BENEFITS AND SUBJECT YOUR FAMILY TO LEGAL ACTION TO RECOVER BENEFIT OVERPAYMENTS.**

Name (as it appears on your bank account): _____

Social Security Number: _____ Email Address: _____

Full Street Address: _____

Telephone Number: _____

I hereby authorize the Plan to electronically transfer my pension benefits, including corrections to my:
(check one)

Checking Account

Savings Account

at the Financial Institution named below, which is authorized to receive them. I understand that this authorization shall remain in full effect until the Plan has received written notification of its termination, or until the Plan has sent me written notice of its termination. Any funds received by the designated Financial Institution after my death must be returned to the Plan.

FINANCIAL INSTITUTION IN WHICH FUNDS ARE TO BE DEPOSITED:

Name of Financial Institution: _____

Bank Routing Number

(The first nine digits at the bottom of your check)

Your Account Number

SIGNATURE: _____ DATE: _____

ATTACH A VOIDED CHECK HERE

*****If you are unable to attach a voided check, please enclose a copy of your bank statement showing the account number, your name and the name of any other account holder(s).*****

Your name must be on the bank account to initiate direct deposit.