

Central Pennsylvania Teamsters Pension Fund

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MARTIN L. CULLEN, Assistant Administrator

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TOLL FREE IN USA: 1-800-331-0420
FAX: 610-320-9239

Defined Benefit _____
and/or
Future Service _____
and/or
Retirement Income 1987 _____

Dear Member:

This is in response to your request for direct wire transfer of the pension checks you receive from the Central Pennsylvania Teamsters Pension Fund.

Complete the following information and return it promptly. We must have this information in our computer system at least 4 weeks prior to your first electronic transfer.

Authorization Agreement For Automatic Deposits

I hereby authorize **THE CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND** to directly deposit my monthly pension benefit into

_____ Checking account number _____

OR

_____ Savings account number _____

Bank Name: _____

Bank Address: _____

Bank ABA (ROUTING) No.: _____
(contact your bank to obtain this 9 digit number)

Your Name: _____

SS#: _____

Your Phone No.: _____

Date: _____

Your Signature: _____