

Central Pennsylvania Teamsters Pension Fund

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FAX: 610-320-9239

Defined Benefit____
and/or
Future Service____
and/or
Retirement Income Plan____

Authorization Agreement For Automatic Deposits

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

Bank Name: _____

_____ Checking account number _____

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

OR

_____ Savings account number _____

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

Your Name: _____

SS#: _____

Your Phone No.: _____

Date: _____

Your Signature: _____

It takes 30 days for the direct deposit to go into effect. Therefore, your FIRST MONTHLY CHECK will be sent to your home address. If you are already receiving your benefits and are making a change to the account information already on file, your next check MAY be mailed to your home address.