

Central Pennsylvania Teamsters Pension Fund

JOSEPH J. SAMOLEWICZ, Administrator

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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)

Participant's Name: _____

Participant's SS#: _____

Participant's Phone No.: _____

Today's Date: _____

Participant's 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. ****If there is a Power of Attorney on file with the Fund, the form must be signed by the Power of Attorney. The Power of Attorney must sign the Participant's name first followed by their name as Power of Attorney. For example - John J. Smith, Jane J. Smith, Power of Attorney.**

Revised 9/6/2023