

# Central Pennsylvania Teamsters Pension Fund

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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.

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