Central Pennsylvania Teamsters Pension Fund

JOSEPH J. SAMOLEWICZ, Administrator

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TOLL FREE: 1-800-331-0420
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IF you have more than one benefit check, please indicate which benefit(s) you would like direct deposited:

- ☐ Defined Benefit
- ☐ Future Service
- ☐ Retirement Income Plan (RIP)

Authorization Agreement for Automatic Deposits

Participant Information:

Name: _____

Social Security Number: _____

Phone number: _____

I hereby authorize **THE CENTRAL PENNSYLVANIA TEAMSTERS PENSION FUND** to directly deposit my monthly pension benefit into the following (please check one):

- ☐ Checking account
- ☐ Savings Account

Banking Information:

Bank Name: _____

Account Number: _____

Bank ABA Number (Routing): _____
(Contact your bank to obtain this 9 digit number)

Participant's Signature**: _____ Date: _____

It takes 30 days for the direct deposit to go into effect. Therefore, your FIRST MONTLY CHECK will be a physical check 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*