

LOCAL 810 AFFILIATED PENSION PLAN
24-09 38th AVENUE
LONG ISLAND CITY, NY 11101
Phone (212)-691-4100

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH)

I hereby authorize the Local 810 Affiliated Pension Plan (The Plan) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and authorize the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Upon my death, my executory or administrators shall pay to the Local 810 Affiliated Pension Plan from my estate the amount of any erroneous overpayments collected by the Bank which were not payable because they were issued after my death, or were otherwise paid in error.

Bank Name: _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Branch: _____ Phone No.: (____) _____
Account No.: _____ *Transit Routing No.: _____ (ABA Number)
* PLEASE VERIFY YOUR TRANSIT ROUTING NO. (ABA NO.) WITH YOUR BANK TRANSIT ROUTING NO. MUST BE NINE DIGITS [in the U.S.A.]
Type of Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

YOU MUST ATTACH A VOIDED CHECK

This Authority is to remain in full force and effect until the Plan has received written notification from me at least 30 days prior to the proposed date of termination.

Name: _____ Social Security No.: _____

Home Address: _____ Apt No.: _____

City: _____ State: _____ Zip: _____

Home Telephone No.: (____) _____

Signature: _____ Date: _____

Signature: _____

(if Joint Account)

ATTACH A VOIDED CHECK