

**UNITED FOOD AND COMMERCIAL WORKERS
PENSION PLAN FOR EMPLOYEES**

PROVISION FOR THE DIRECT DEPOSIT OF BENEFIT PAYMENTS

If you wish you may, by completion and forwarding of this form, have the UFCW Benefits Office directly transfer your benefit payments to your bank or other financial institution for deposit.

AUTHORIZATION AGREEMENT

By this agreement, I authorize the UFCW Pension Plan for Employees (the Plan), to directly deposit with the financial institution noted below for credit to my account, any amount(s) due me from the Plan.

If through an error or after my death, an overpayment is credited to my account, I authorize the Plan to adjust my account by a deduction of the overpayment from the funds in the account or from future payments. Further, I authorize the financial institution to refund to the Plan any amounts paid in error and to adjust my account accordingly.

I agree to periodically furnish the Pension Plan with evidence of my survival.

You must provide the full name, address, and telephone number of the Financial Institution to which payments are to be deposited.

Name: _____

Branch: _____

Address: _____

Telephone Number: (____) _____ Bank Transit / ABA Number: _____

(NOTE: Bank Transit/ABA Number should be confirmed with your bank prior to submission.)

Check the appropriate box/furnish account number/supply the applicable attachment:

_____ Savings Account Number _____

_____ Checking Account Number _____

_____ Other Account Number _____

(NOTE: You **must** attach a copy of your deposit slip, voided check or provide some other printed record showing your account number. We cannot establish this account without this information.)

I reserve the right to cancel this authorization and direction by giving written notice to the UFCW Benefits Office.

Name: _____ Social Security Number: _____

Your Signature: _____ Date: _____