

## AUTHORIZATION FOR AUTOMATED DEPOSITS

Checklist for Direct Deposit Form—Review items below to ensure that form has been completed correctly

- Voided check or deposit slip has been attached with the benefit recipient's preprinted name, account number and routing number.
- If voided check or deposit ticket is not available for savings accounts, a letter from the financial institution on their letterhead has been attached to verify the name(s) on the account along with the routing and account numbers.
- The benefit recipient and joint account holder(s), if any, have signed the form.

**Benefit Recipient (Pensioner, Surviving Spouse or Beneficiary):**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I hereby authorize the IAM National Pension Fund to initiate credit entries and to initiate, if necessary, debits and adjustments for any credit entries made in error to the account listed above. This authorization is not given to carry into effect an assignment of benefits to anyone of my rights to receive my pension payments. This authorization is to remain in full force and effect until the IAM National Pension Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund a reasonable opportunity to act on it. I promise to notify the Fund of any changes to the account. I understand that the IAM National Pension Fund may pay benefits only to an individual and that my receipt of benefits will be deemed income to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Benefit Recipient

**Statement of Joint Account Holders(s):**

This is to certify that I hold the above account jointly with the above named Benefit Recipient. I promise to notify the IAM National Pension Fund in the event of the death or incapacity of the Benefit Recipient. I authorize the Fund to initiate debits of any credit entries made after the death or incapacity of the Benefit Recipient. I further agree to return personally to the Fund any amounts that are not returned to the Fund through the initiation of debits to the account after the Benefit Recipient's death or incapacity.

Joint Account Holder Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder