

## DIRECT DEPOSIT AGREEMENT

Amalgamated Bank of Chicago  
 Retirement Services  
 30 North LaSalle Street  
 Chicago, IL 60602

I authorize that all payments due me under the Teamsters Local Union No. 727 Pension Fund Plan be sent electronically to the financial institution named below for credit to my account (account number and type of account listed below).

Please complete the following information:

Pensioner Name

SSN

Financial Institution Name

Financial Institution Street Address Line 1

Financial Institution Street Address Line 2

City  State  ZIP

ACH Bank Routing Number

*Attach a Voided Check*

Account Number

*Your Account Number at Financial Institution*

Checking

Savings

Your Current Payment Amount \$

**Single Name Account Agreement**  
 If Amalgamated Bank of Chicago (ABOC) should make a payment by ACH electronic funds transfer, or any other method, subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such money to ABOC. I hereby authorize and direct the Financial Institution, promptly upon demand of ABOC, to return such payment to ABOC, and in the event such payment shall have been credited to my account to charge said account therefore (except to the extent such charge shall create an overdraft in the account) and refund such payment to ABOC.

---

Signature of Pensioner

Phone Number

Date

**Joint Name Account Agreement**  
 The undersigned, who is a joint tenant in the above referenced account or holds a power-of-attorney over such account, hereby agrees that if any funds are credited to the account which represent a payment to the Participant under the Plan made subsequent to the death of such Participant, the undersigned will take no action to withdraw such funds from the account. The undersigned also agrees to take action necessary to return such funds to Amalgamated Bank of Chicago. The preceding two sentences shall not in any way diminish any rights that the undersigned may have to receive any payments under the Plan.

---

Signature of Joint Account Holder

Phone Number

---

Signature of Joint Account Holder

Phone Number

Date