

DIRECT DEPOSIT AGREEMENT
SOFT DRINK INDUSTRY PENSION FUND
1300 W. HIGGINS RD., SUITE 103
PARK RIDGE, IL 60068
PHONE:(773) 685-0340

Pensioner First Name: _____

Pensioner Last Name: _____

Phone Number: _____

Last 4 Digits of SSN _____ XXX-XX-

Name of Financial Institution: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip _____

Transit/Routing Number: _____

*attach a voided check
if available*

Account Number: _____

Account Type:

_____ Checking

_____ Savings

_____ Other

Payee's Signature

Date

I authorize Union Bank and Trust Company to initiate automatic deposit entries to my checking or savings account for monthly pension payments.

I further authorize Union Bank and Trust Company to initiate appropriate entries to correct the amount of my pension payment, should it be necessary.

This authorization will remain in effect for each pension payment until I have advised Union Bank and Trust Company in writing to the contrary.