



Authorization of Direct Deposit of Pension Benefit

Account Number:

Account Name:

Customer Information

First Name:

Last Name:

Suffix:

Social Security Number:

Phone Number:

Email Address:

ACH Address

Transit / Routing Number:

Payee / Financial Institution:

Account Type: Checking Savings

Account Number

Foreign Financial Institution Information

Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions.

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign institution through the ACH network, on the same day that it is deposited into your account?

Yes No

Signature

Date

Upon completion of this form, please sign with today's date and return to: Teamsters
Local Union No. 727 Benefit Funds, 1300 W. Higgins Road, Suite 303, Park Ridge, IL 60068