



Teamsters Pension Trust Fund of Philadelphia and Vicinity

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Union Trustees
William T. Hamilton
Howard W. Wells
Robert Bryan, Jr.

Administrator
William J. Einhorn

Employer Trustees
Kenneth F. Leedy
Bob Schaeffer, Jr.
Tom J. Ventura

I hereby authorize the Teamsters Pension Trust Fund of Philadelphia and Vicinity (hereinafter called "Pension Fund") to initiate credit entries to the financial institution named below (hereinafter called "Bank") and for such Bank to credit same to my account.

Because most banks and financial institution require one business cycle (or month) for this process to be activated, your first pension check will be mailed to your home address. All subsequent payments will be direct-deposited to your financial institution.

Upon my death, my executors or administrators shall pay to the Teamsters Pension Trust Fund from my estate the amount of any erroneous overpayments collected by the Bank which were not payable because they were issued after my death, or were otherwise paid in error.

AUTHORIZATION AGREEMENT FOR AUTOMATIC (DIRECT) DEPOSIT

Name of Bank: _____

City: _____ State : _____ Zip: _____

Your Account Number: _____

Bank Transit/ABA No.: _____ (see your Bank for this information)

Type of Account (check one): Checking: _____ Savings: _____

This authorization is to remain in full force and effect until the Pension Fund has received written notification from me of its termination in such time and in such matter as to afford the Pension Fund a reasonable opportunity to act upon it, or until otherwise terminated by the Pension Fund.

Member's Name: _____

Mailing Address: _____

Member's SS #: _____

Signature: _____ Date: _____