



# Teamsters Pension Trust Fund

of Philadelphia and Vicinity

2500 MCCLELLAN AVE, SUITE 140 • PENNSAUKEN, NJ 08109 • (856) 382-2400  
TOLL-FREE (800) 523-2846 • FAX (856) 382-2401 • [www.teamsterfunds.com](http://www.teamsterfunds.com)

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

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.

**Most banks and financial institutions require one business cycle (one month) for new direct deposit information to be activated, therefore your first pension check issued after this change will be mailed to the address we have on file. All subsequent payments will be directly 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 no payable because they were issued after my death, or were otherwise paid in error.

\*\*\*\*\*

Name of Financial Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

Bank Transit/ABA Number (must be 9 digits): \_\_\_\_\_ (If unknown, contact financial institution)

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: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Member's Home Phone #: \_\_\_\_\_ Member's Cell Phone #: \_\_\_\_\_

Member's Email address: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_