## DIRECT DEPOSIT AGREEMENT Name of Payee \_\_\_\_\_Social Security No \_\_\_\_\_ Address City\_\_\_\_\_State\_\_\_Zip\_\_\_ Telephone No ( ) **Bank Account Information** – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. Routing No. Account No. Type of Account: Checking Savings Financial Institution Name Address City State Zip Telephone Number \_\_\_\_\_ \_\_\_\_ ATTENTION Surviving Spouses, Beneficiaries and Alternate Payees: You are receiving this pension benefit as a beneficiary of a Participant in the Pension Fund, therefore, please write the name and social security number of that participant below: Participant\_\_\_\_\_Social Security No.\_\_\_\_\_ Please allow up to 30 days for the direct deposit set-up process to be completed. I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund ("the Pension Fund") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund. Payee Signature Date RUFUS MAPLE 1234 MARY MAPLE 15-000000000 123 Main Street Anyplace, LA 70000 PAY TO THE ORDER OF DOLLAR8 Routing Account number number ANYPLACE BANK Do not include Anyplace, LA 70000 (line 23b) (line 23d)/ the check number.

Note: The routing and account numbers may be in different places on your check.

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