

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION PAYMENTS Please Check One: New Payment **Change Existing Payment** I (we) hereby authorize and request Principal to make payment of amounts owed to me (either of us) for my (our) pension by initiating credit entries to my (our) checking or savings account indicated below in the bank or institution name below, hereinafter called BANK. **Bank Information for Pension Payment:** Bank Name Bank Transit Routing Number Bank Account Number Checking Savings Bank Information for Supplement Payment (if applicable): Bank Name Bank Transit Routing Number Bank Account Number Checking Savings It is understood that this agreement may be terminated by (either of us) at any time by written notification to Principal. Any such notification to Principal shall be effective only with respect to entries initiated by Principal after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credit to my (our) account by BANK after receipt of such notification and a reasonable time to act on it. I (we) hereby authorize Principal to debit my (our) account for amounts in error not to exceed the original credit or for any payments made to BANK as of due date subsequent to the death of myself. I (we) agree that Principal shall have the right to require from time to time that I (we) am (are) living. ☐ Board of Education ORPensioner's Name (Please Print) Pensioner's Social Security Number Pensioner's Address Telephone Number Pensioner's Signature Date

Date

## **IMPORTANT!**

Signature of Joint Account Holder

If this is a checking account, you must attach a voided check.

If this is a savings account, you must attach a pre-printed deposit ticket, if available.