



LOCAL 550 BAKERY DRIVERS

P.O. Box 293 • COLLINGSWOOD, NJ 08108

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

I hereby authorize the Local 550 Bakery Drivers Pension Plan (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. You must keep your address and telephone number up to date with the Pension Fund Office.

Upon my death, my executors or administrators shall pay to the Local 550 Bakery Drivers 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: _____

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