CONNECTICUT PLUMBERS AND PIPEFITTERS PENSION FUND

1155 Silas Deane Highway Wethersfield, CT 06109 860-571-9191 or 800-848-2129

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION PAYMENTS

Please fill in top section, sign, and bring to your bank to complete bottom section. Return to the address shown above. Authorization Agreements received in the Fund Office prior to the tenth of a month shall be effective on the first of the following month (subject to verification of information provided).

IMPORTANT: A voided or cancelled check for checking account deposit or savings account deposit slip, if available, must be attached to this form. The form will be returned to you if you do not include this information.

Pension Recipient's Full Name			
Pension Recipients' Social			
Home Phone Number			
hereby authorize the direct deposit of my no Such direct deposit will be made on each such the Fund Office. In the event that the Fund of debit my account for an amount not to except the such that the Fund of the such that the such that the Fund of the such that the such th	cceeding payment date, unless Office deposits funds erroneou	I choose to terminate this agreement <u>i</u> usly into my account, I authorize the Fu	n writing
PENSION RECIPIENT'S SIGNATURE	X	DATE	
TO BE COMPLET	ΓED BY BANK PERSONNE	EL (REQUIRED):	
TO BE COMPLET	FED BY BANK PERSONNE	EL (REQUIRED):	
NAME OF FINANCIAL INSTITUT	ΓΙΟΝ:		
ADDRESS OF FINANCIAL INSTI	TUTION:		
DEPOSIT TO ACCOUNT NUMBE	ER:		
THIS ACCOUNT IS A: CHEC	CKING ACCT. //	SAVINGS ACCT. //	
ABA TRANSIT NUMBER:			
Signature of Banking Institution Represe	entative:		
Printed Name of Bank Representative	/e:		
Bank Phone Number: ()		Ext.	