

STAPLE CHECK/SAVINGS DEPOSIT SLIP HER E

Plumbers & Pipefitters National Pension Fund  
103 Oronoco Street, Alexandria, Virginia 22314-2047

Form #61  
(Rev. 01/08)

## Direct Deposit Authorization Form

To sign up for Direct Deposit, the Payee/Account Holder must complete the information below. **All holders/parties** on the account **must** read and **sign** the authorization agreement on the **back of this form**. The Payee/Account Holder must have a Bank Employee verify the bank account and account holder information below. Mail this completed form (both sides), with your pre-printed voided check or savings account deposit slip attached, to the Fund at the above address.

Payee/Account Holder _____	S.S.#. _____	---	---	---
Address _____	STREET	CITY	STATE	ZIP CODE
Telephone Number _____	---	---	---	<input type="checkbox"/> Check here if new address

IDENTIFY ALL OTHER HOLDERS/PARTIES ON THE ACCOUNT.

USE SPACE BELOW AND ATTACH A LIST WITH SAME INFORMATION FOR ADDITIONAL Other Holders/Parties.

CHECK HERE  IF THERE ARE NO OTHER ACCOUNT HOLDERS.

Other Holder/Party _____	S.S.#. _____	---	---	---
Address _____	STREET	CITY	STATE	ZIP CODE
Telephone Number _____	---	---	---	
Relationship to Payee/Account Holder _____				

**ACCOUNT HOLDER AND ALL OTHER HOLDERS/PARTIES, IF ANY, MUST READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE OF THIS FORM**

**THIS FORM CANNOT BE PROCESSED WITHOUT VERIFICATION FROM THE BANK.** If you are utilizing internet banking, please provide account holder(s) name, account & routing number on the bank's letterhead, including signature and title of bank employee. This information can be obtained through the bank's customer service department.

Bank Name _____	Transit # _____	---	---	---
Bank Mailing Address for Deposits _____	STREET OR PO BOX #	CITY	STATE	ZIP CODE
Branch Telephone Number _____	---	---	---	
Account Number _____				
Type of Account – <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings (MUST NOT BE A BUSINESS OR INSTITUTION)				
<b>A VOIDED PRE-PRINTED PERSONAL CHECK OR PRE-PRINTED PERSONAL SAVINGS ACCOUNT DEPOSIT SLIP MUST BE ATTACHED</b>				

**I certify that the above bank account and account holder information is correct and complete.**

Bank Employee (PRINT NAME) \_\_\_\_\_ Title \_\_\_\_\_  
Bank Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

UNDERSTANDING AND AGREEMENT  
**With the Plumbers & Pipefitters National Pension Fund**  
For Direct Deposit

Your completion of the Direct Deposit Authorization form on the reverse side, with certification from your bank, and your agreement below, and that of your Other Holders/Parties, if any, will allow the Plumbers & Pipefitters National Pension Fund to deposit your benefit payment directly into your bank account based on the following conditions and understandings.

**Acknowledgment/Authorization of Payee/Account Holder/Payee**

I understand and acknowledge that my pension payments may be sent only to my personal bank account, and that such payments may not be made into a business account. I understand that payments to a trust account must be reviewed and approved in advance, and the trustee(s) and I must sign additional forms. I hereby authorize the financial institution named on the reverse side to return to the Fund any money deposited into the account to which I am subsequently determined not to be entitled. I further authorize the financial institution named on the reverse side to provide to the Fund Office the name(s) and address(es) of those who may close this account before the Fund is able to recover any money deposited into the account to which I am not entitled.

**Acknowledgment/Agreement of Other Holders/Parties on the account**

I/We, the other holders/parties, understand and acknowledge that I/we must immediately advise both the Fund office and the financial institution of the death of the Payee/Account Holder. I/we understand, acknowledge and agree that any money deposited into the account after the date of death of the Payee/Account Holder is not an eligible payment and must immediately be returned to or recovered by the Fund. I/We understand that the Fund will then make a determination regarding the survivor rights and calculate the survivor benefit payment, if any, and forward the necessary papers to the Payee's Designated Beneficiary(ies) of record.

**Cancellation of Direct Deposit**

I/We, the undersigned, understand that this authorization and agreement remains in effect until cancelled by the Payee/Account Holder. I/We understand that written notification to the Fund of cancellation of this agreement/authorization must be made in such time and in such a manner as to allow the Fund a reasonable opportunity to act on it. I/We understand that upon cancellation by the Payee/Account Holder, the Payee/Account Holder must immediately notify the receiving financial institution that the Direct Deposit Authorization has been cancelled.

**Change of Address**

I/We, the undersigned, understand and acknowledge that I/we must immediately inform the Fund of any change in the mailing address of the Payee/Account Holder. I/We understand that the Fund office must be able to send federal tax information to benefit recipients in January of each year. I/We understand that there are other occasions when the Fund is required to inform the Payee/Account Holder of important benefit information. I/We understand that the Payee/Account Holder's benefit could be stopped temporarily if the Fund office cannot locate the Payee/Account Holder resulting from untimely notice of a change of address.

***I/We, the undersigned, certify that the information provided on this form is correct and complete. I/We understand and acknowledge by my/our signature(s) below that I/we agree to the obligations stated herein associated with the Direct Deposit Authorization granted by this document.***

Payee/Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Holder/Party Signature \_\_\_\_\_ Date \_\_\_\_\_

ATTACH ADDITIONAL SIGNED COPIES AS NECESSARY FOR ALL HOLDERS/PARTIES ON THE ACCOUNT