

DIVISION 1181 A.T.U. –NEW YORK EMPLOYEES PENSION FUND
20 NORTH CENTRAL AVENUE – 3RD FLOOR, VALLEY STREAM, NEW YORK 11580
(718) 845-5800 FAX: (718) 845-0105

AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize Division 1181 A.T.U.-New York Employees Pension Fund (“Fund”) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated below, and this depository named below (depository) to credit and/or debit the same such accounts.

BANK NAME _____
PLEASE PRINT

BANK ADDRESS _____
STREET ADDRESS

CITY STATE ZIP CODE

ACCOUNT # _____

ROUTING/TRANSIT/ABA NO. _____

TYPE OF ACCOUNT (Check ONE only): CHECKING SAVINGS
(Attach Voided Check)

This authority is to remain in full force and effect until the Fund has received written notification from me of its termination in such time and in such manner as to afford the Fund and Depository a reasonable opportunity to act on it.

MEMBER’S NAME _____ SOCIAL SECURITY #: _____
PLEASE PRINT

SIGNATURE: _____ PHONE #: _____

DATE: _____