

Sheet Metal Workers Local No. 7, Zone 2 Pension Plan

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS BY ELECTRONIC TRANSFER

I hereby authorize the **Sheet Metal Workers Local No. 7, Zone 2 Pension Plan** to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

Please print or type:

Name of Bank or Financial Institution: _____

Address of Bank or Financial Institution: _____
Street

_____ City State Zip Code

Contact Person at Bank or Financial Institution: _____

Phone Number: _____

Type of Account (check one): ___ Checking (ATTACH A VOIDED CHECK) ___ Savings

Routing & Transit No. _____ (must be nine digits)

Account No. to Credit _____
(Account Number may be any length)

Name of Pension Recipient: _____

Social Security Number: _____

Current Address: _____
Street City State Zip Code

Signature _____ **Date** _____

RETURN COMPLETED FORM TO:
Sheet Metal Workers' Local No. 7, Zone 2 Pension Plan
6525 CENTURION DRIVE, LANSING, MICHIGAN 48917-9275
(866-887-4338) • FAX (517) 321-7508