

BAC LOCAL 8 NY PENSION PLAN

ELECTRONIC DIRECT DEPOSIT AUTHORIZATION FORM

You may choose to have future BAC Local 8 NY monthly pension payments directly deposited into your bank account by completing and signing this authorization form. Please allow up to 15 business days for this change to be processed. If you have any questions, please call the Fund Office at 607-272-3853.

Name: _____ DOB: _____ SS#: _____

Address: _____

Account Information

Bank Name: _____ City and State where bank is located: _____

Name on Account: _____

Account Type (check one) Checking Savings

Routing or Transit Number: _____

Account Number*: _____

***Please attach a voided check that shows your bank's routing number and account number**

Authorization Agreement

I hereby authorize BAC Local 8 NY Pension Fund to deposit my monthly pension check directly into my bank account (listed above). If funds to which I am not entitled are erroneously deposited into my account, I hereby authorize the debit of these funds from my account.

I understand that written notice will be required to make any changes or stop any direct deposit.

Pensioner's Signature

Date

Account Holder's Signature (if different from Pensioner)

Date

