



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please complete all sections, SIGN, and attach one of the following to this form: a voided check, preprinted deposit slip (name and address must match your current information), or a signed letter on bank letterhead confirming account holder(s) current mailing address, routing number, and account number.

Recipient Information:

Name			Last 4 of SSN
Street Address			Email
City	State	Zip	Phone

Account Type:

Checking Saving

Account Ownership:

Individual Joint

Name of Bank/Depository _____

Street Address of Bank/Depository _____

City	State	Zip	Phone
Transit/ABA/Routing #		Account #	

Attach check or deposit slip here

This authorization is to remain in full force and effect until Central Pension Fund has received written notification from me of its termination and a reasonable amount of time for the Central Pension Fund and the Depository an opportunity to act on it.

I hereby authorize the Central Pension Fund to initiate credit entries (deposits) and debit entries or adjustments for credit entries made in error to the account and institution indicated above. Additionally, if the Fund remits payments to my account after my death, I hereby authorize the financial institution listed above to provide to the Fund information concerning these payments, the status of the account, and persons with access to the account. Such authorization constitutes an exception as described in 15 USC 6802(e)(2) and authorization to release such information pursuant to the financial institution privacy policy.

Recipient Signature _____ Date _____

Joint Owner Signature _____ Date _____

Print Joint Owner Name _____

Mail to: Central Pension Fund, 4115 Chesapeake St NW, Washington DC 20016-4665