

PLEASE PRINT

**AUTHORIZATION FOR DEPOSIT OF BAKERY AND CONFECTIONERY UNION AND
INDUSTRY INTERNATIONAL PENSION PAYMENTS**

10401 CONNECTICUT AVE. ■ KENSINGTON, MD 20895 ■ Telephone: (301) 468-3728 ■ Fax: (301) 468-3748

PAYEE TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I, _____ authorize and request the Bakery and Confectionery International Pension Fund to direct the amount of my monthly pension as indicated below to the respective financial organization designated. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization so designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with the Bakery and Confectionery International Pension Fund until canceled by written notice from me.

B NAME OF PENSIONER

C PENSION NUMBER

D SOCIAL SECURITY NO.

□ - □ □ □ □ □ - □

□ □ □ - □ □ - □ □ □ □

E PAYEE'S TELEPHONE NO.

F **TYPE & NUMBER OF DEPOSITOR ACCOUNT
TO BE CREDITED**
Enter "C" for Checking and "S" if Savings Account

G MAILING ADDRESS OF PENSIONER INCLUDING ZIP CODE

"C" OR "S"

DEPOSITOR ACCOUNT NUMBER

H SIGNATURE OF PENSIONER

DATE

FINANCIAL ORGANIZATION TO COMPLETE BELOW

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that our account number shown for the payee named herein will be included as additional identification on individual payment credits to his/her accounts. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee and the Bakery and Confectionery International Union.

ROUTING NUMBER

CHECK DIGIT

NAME & ADDRESS OF FINANCIAL ORGANIZATION

□ □ □ □ □ □ □ □

□

DO YOU ACCEPT ELECTRONIC TRANSFER YES NO

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" IF Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

DEPOSITOR ACCOUNT TITLE

BRANCH DESIGNATION IF APPLICABLE

TELEPHONE NUMBER

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

TITLE

DATE

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her/their) freely given act and deed.

Notary Public

Date

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