

AUTHORIZATION FOR AUTOMATED DEPOSITS

CHECKLIST FOR DIRECT DEPOSIT FORM – Review items below to ensure that the form has been completed correctly.

- () **VOIDED CHECK HAS BEEN ATTACHED** WITH THE BENEFIT RECIPIENT'S PREPRINTED NAME, ACCOUNT NUMBER AND ROUTING NUMBER.
- () IF VOIDED CHECK IS NOT AVAILABLE FOR SAVINGS ACCOUNT, **A LETTER FROM THE FINANCIAL INSTITUTION** ON THEIR LETTERHEAD HAS BEEN ATTACHED TO VERIFY THE NAME ON THE ACCOUNT ALONG WITH THE ROUTING AND ACCOUNT NUMBERS.
- () **THE BENEFIT RECIPIENT HAS SIGNED THIS FORM.**

I authorize Alabama Administrators in behalf of the Pension Fund from which I receive a benefit to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account listed on this form. This authorization will remain in effect until I have informed Alabama Administrators in writing that I wish to cancel it and Alabama Administrators has had reasonable time to effect such cancellation. I authorize and direct the Bank indicated on this form to correct any erroneous credits for money deposited to my account and refund such payments as being payments made under a mistake of fact for all payments subsequent to my death.

NAME OF BENEFIT RECIPIENT

LOCAL UNION

ADDRESS

PHONE NUMBER

SIGNATURE OF BENEFIT RECIPIENT

DATE

Alabama Administrators

1717 Old Shell Road
Mobile, AL 36604

ADDITIONAL ASSISTANCE CALL

IN-ALABAMA **1-251-478-5412**
OUTSIDE-AL **1-800-221-7025**

Changes to direct deposit must be received prior to the 15th of month to be effective the following month.