

AUTHORIZATION FOR AUTOMATED DEPOSITS

LOCAL 119 PENSION PLAN

CHECKLIST FOR DIRECT DEPOSIT FORM – Review items below to ensure that this 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 affect 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 (Please Print)

LOCAL UNION

MAILING ADDRESS

PHONE NUMBER

SIGNATURE OF BENEFIT RECIPIENT

DATE SIGNED

<p style="text-align: center;">Alabama Administrators 1717 Old Shell Road Mobile, AL 36604</p> <p style="text-align: center;">ADDITIONAL ASSISTANCE CALL 1-251-478-5412 or Toll-Free 1-800-221-7025</p>

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