

# Michigan Laborers' Pension Fund

## Authorization Agreement for Automatic Deposits By Electronic Transfer

I hereby authorize the Michigan Laborers' Pension Fund to deposit my monthly pension benefit to the account and bank or financial institution identified below and authorize the bank or financial institution to accept these deposits.

This authorization is to remain in full force and effect until the Fund has received written notification of its termination from me at such time and in such manner as to afford the Fund a reasonable opportunity to act on it. If pension benefits to which I am not entitled are deposited to my account, I authorize the Fund to direct the bank or financial institution to return the full amount of said benefit immediately.

I agree that these deposits and adjustments, if any, may be made electronically and under the Rules of the Michigan Automated Clearing House Association (ACH).

**Please print or type:**

Name of Bank or Financial Institution:

Address of Bank or Financial Institution:      Street                              City                              State                              Zip Code

Contact Person at Bank or Financial Institution:                              Phone Number:

Type of Account (check one):       Checking       Savings

DFI's Routing & Transit No.     

Account No. to Credit     

Name of Person Authorizing Transfer:      First                              Middle                              Last

Social Security Number:         -   -          Local Union No:

Current Address:      Street                              City                              State                              Zip Code

Date:                              Signature

**Please attach to this authorization a voided check on the account into which deposits are to be made. Please return with your application in the enclosed return envelope.**