GCC/IBT-NPF

GRAPHIC COMMUNICATIONS CONFERENCE OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS NATIONAL PENSION FUND

455 KEHOE BOULEVARD SUITE 101, CAROL STREAM, ILLINOIS 60188 – Voice: 630-871-7733 – Fax: 630-871-0666

DIRECT DEPOSIT AUTHORIZATION FORM

In order to ensure timely delivery of your retirement benefit, the Fund has an Electronic Fund Transfer (EFT) direct deposit program. Under the program, your retirement benefit payment is deposited electronically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or banking holiday). The information requested on this form must be provided for all individuals who have access to the account indicated below. **I understand that I must keep the Fund informed of any changes in my address even if I use this EFT direct deposit program. A current address on file is needed for delivery of year-end tax documents and Fund communications.**

I hereby authorize GCC/IBT-NPF, and the financial institution shown below to deposit my retirement benefit payments directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/We authorize the Fund to direct the financial institution to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of the funds including but not limited to the identity of all account holders. The authorization will remain in effect until I file a new authorization form or cancel my participation.

Name _____
First Middle Last

Address _____
Street City State Zip Code

Social Security No. _____ Home Phone No. _____

Signature _____ Date _____

Financial Institution Information

Bank Name _____

Bank Address _____
Street City State Zip Code

Account Type ☐ Checking ☐ Savings

Routing Number _____ Account Number _____
(Verify 9-digit number with financial institution)

Joint Account Holder(s) (Required for joint accounts only)

Name_____ Name_____

SS# _____ SS#_____

Date_____ Date_____

Signature_____ Signature_____

IMPORTANT: YOU MUST ATTACH A VOIDED CHECK (IF CHECKING) OR PRE-PRINTED DEPOSIT SLIP (IF SAVINGS)

ATTACH HERE