





P.O. Box 1492 Mobile, AL 36633 (251) 438-4765

Authorization Agreement for Direct Deposit of Pension Benefits

I hereby authorize the AF of L – AGC Building Trades Pension Plan and the financial institution listed below to electronically deposit my net pension check to the specified account each month. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of any benefits to which I am entitled.

If funds to which I am not entitled are deposited to my account I hereby am responsible to the AF of L – AGC Building Trades Pension Plan to return the funds.

Pensioner Name	Phone #	Social Security Numbe
Checking (attach a voide	d check)	Savings (attach a deposit slip)
All Account Holders Na	mes (Pensio	oner must be an account holder)
Bank Name	B	Bank Phone Number
Bank City, State, Zip	<u></u> B	Branch Name
Bank ABA/Routing #		Account Number
Signature		Date