

# Automotive Machinists Pension Trust

Mailing Address 15 82nd Drive, Suite 110, Gladstone, OR 97027

Phone (206) 441-7574 or (800) 732-1121 • Fax (206) 505-9727 • Website [www.automotivemachinistspension.com](http://www.automotivemachinistspension.com)

Administered by

Welfare & Pension Administration Service, Inc.

## AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

*Print or type the following information*

I hereby authorize the Automotive Machinists Pension Trust to make Pension benefit deposits to my bank account. This authorization is to remain in full force and effect until the Administration Office receives **written notice** from me instructing them otherwise. I understand that it can take up to thirty (30) days to make bank and/ or account number changes or to discontinue my electronic deposit.

In the event an amount should be credited in error to my account, including, but not limited to, by reason of my death prior to the date on which payment shall become due, I authorize the Trust Fund to direct the Depository to make the appropriate debit adjustment.

\_\_\_\_\_

|                        |                     |                |
|------------------------|---------------------|----------------|
| Name (Last, First, MI) | Social Security No. | Retirement No. |
|------------------------|---------------------|----------------|

\_\_\_\_\_

Mailing Address (Street, City, State, Zip)

\_\_\_\_\_

|           |            |               |
|-----------|------------|---------------|
| ( ) _____ | ( ) _____  | _____         |
| Phone No. | Mobile No. | Email Address |

\_\_\_\_\_

Name of Financial Organization/Bank

\_\_\_\_\_

|   |                  |
|---|------------------|
| Bank's Mailing Address (Street, City, State, Zip) | ( ) _____        |
|   | Bank's Phone No. |

\_\_\_\_\_

|             |             |
|-------------|-------------|
| Routing No. | Account No. |
|-------------|-------------|

\_\_\_\_\_

|  |                           |
|--|---------------------------|
| <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account | _____                     |
| Account Type (Mark Only One)   | Amount of Monthly Benefit |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To ensure that your retirement checks are received timely and your retirement records are up-to-date, a Continuance Form will be mailed to you annually. If the continuance form is **not** returned, your retirement checks will be withheld until the Administration Office has received your completed form.

**ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM**