

# DIRECT DEPOSIT AUTHORIZATION FORM

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## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I hereby authorize direct deposit of my pension check from the Sheet Metal Workers Local No. 33 Youngstown District Pension Fund to the following bank account:

Checking Account No. \_\_\_\_\_  
(Attach copy of voided check)

Savings Account No. \_\_\_\_\_

Bank Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing No. \_\_\_\_\_

This authority is to remain in full force and effect until written notification from me of its termination.

Name (please print) \_\_\_\_\_

Social Security No. \_\_\_\_\_

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