Alaska United Food and Commercial Workers Trust Funds

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Administered by
Labor Trust Services, Inc.

AUTHORIZATION AGREEMENT FOR ELECTRONIC PENSION BENEFIT DEPOSIT

I hereby authorize the Alaska United Food and Commercial Workers 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. _____

☐ Savings Account ☐ 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 <u>not</u> returned, your retirement checks will be withheld until the Administration Office has received your completed form.

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