

Direct Deposit Authorization Form

Proof of account required: Enclose a voided check or bank statement with full name and account number.

Please complete this form and email to: PensionHelp@sagafraplans.org. Your check will be mailed to your current address until the electronic deposit is accepted by your financial institution. You will be notified if your deposit is rejected.

Pensioner information

First name:	Middle:	Last:	
Date of birth (MM/DD/YYYY):		Social Security number: — —	
Address:			
City:		State:	Zip:
Email:			Phone:

Account information

Financial institution name:		Phone:
Joint account holder(s), if applicable:		
Joint account: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing/transit number:		Account number:

Authorization agreement

I/we authorize the SAG-Producers Pension Plan to make direct deposits and, if necessary, correct any such deposits by making adjustments to my account at the financial institution I/we have indicated on this form. I/we understand that written authorization will be required to make any changes or to stop the direct deposits. I/we authorize and instruct said financial institution to refund to the SAG-Producers Pension Plan an amount equal to any payments which, after my death, have been credited to my account and if applicable, to charge my account accordingly.

Participant or beneficiary signature

_____/_____/_____
Date

Joint account holder signature (if any)

_____/_____/_____
Date