

## DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and email to [PensionHelp@sagafrapplans.org](mailto:PensionHelp@sagafrapplans.org) along with your proof of account. Be sure to print the form and sign as the Plan does not accept electronic signatures. You should allow up to 2 payroll cycles before your changes will go into effect. If your documents are incomplete, a member of our team will reach out to you.

### SECTION I: PERSONAL INFORMATION

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

No. and Street Name \_\_\_\_\_ Apt/Unit \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

### SECTION II: ACCOUNT INFORMATION

Financial Institution Name \_\_\_\_\_ Type of Account?  Checking  Savings

9-Digit Routing Number \_\_\_\_\_ Full Account Number \_\_\_\_\_

#### ATTACH YOUR VOIDED CHECK HERE

If you do not have a voided check, you may also provide one of the following:

- Bank statement showing your full name and full account number.
- Document on bank letterhead stating your full name, account type (checking or savings), 9-digit routing number and full account number.

**Proof of account is required to complete your request.**

### SECTION III: AUTHORIZATION

I 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 have indicated on this form. I understand that written authorization will be required to make any changes or to stop the direct deposits. I 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. **Electronic signatures are not accepted.**

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