

SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

501 Shatto Place, 5th Floor • Los Angeles, CA 90020 • (800) 595-7473 • (213) 385-6161 • Fax: (213) 383-6801 • www.scptac.org

Authorization Agreement for Automatic Deposit of Pension Payments

I am entitled to receive benefit payments from the Southern California Pipe Trades Retirement Plan. I hereby request that all future payments to which I am entitled be made to the financial institution shown below for deposit to my account as shown. If any payment is deposited to said account, and if I am not entitled to such payment by reason of my death or any other reason under the terms of the Southern California Pipe Trades Retirement Plan or the Trust Agreement governing my benefit payments, I hereby authorize and direct the financial institution to refund to the Southern California Pipe Trades Retirement Plan the amount of any such payment.

This authority is to remain in full force and effect until the Southern California Pipe Trades Retirement Plan has received written notification from me of its termination in such manner as to afford the Southern California Pipe Trades Retirement Plan a reasonable opportunity to act on it.

To ensure my deposits will be properly credited, I authorize my financial institution, if so requested, to confirm to the Southern California Pipe Trades Retirement Plan, the accuracy of the specific financial institution and account information supplied below.

NAME OF FINANCIAL INSTITUTION			ABA/ROUTING TRANSIT NUMBER (see reverse for sample)	
CITY	STATE	ZIP		
ACCOUNT NUMBER (see reverse for sample)			TYPE OF ACCOUNT CHECK ONE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
PAYEE NAME (PRINTED)			PAYEE SSN: (provide only last four digits) XXX-XX-	
ADDRESS				
CITY, STATE AND ZIP				
DATE	PAYEE'S SIGNATURE (if joint account, all signatures) (REQUIRED)			

IMPORTANT: Please note the FIRST Electronic transfer on your account will be effective approximately 45 days after the Retirement Fund Trust receives your signed authorization agreement form.


**Please attach a voided check for checking account, or deposit slip for savings account to this authorization.
(see reverse for sample)**

Jane Doe
1234 Main St. Apt 101
Lenexa, KS 66215

1001

DATE _____

PAY TO THE ORDER OF _____ \$ []

DOLLARS 

Your Bank
Address of Your Bank
Lenexa, KS 66215

FOR _____

⑆123456789⑆ ⑆1234567⑆ 1001

⑆123456789⑆	⑆1234567⑆	1001
Bank Routing Number	Bank Account Number	Check #