



International Painters and Allied Trades Industry Pension Fund

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Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160
www.iupat.org

Authorization Agreement for Direct Deposit

This form authorizes the International Painters and Allied Trades Industry Pension Fund (the "Fund") to send payments to the designated account. This document remains in effect until cancelled in writing and prior to the distribution being processed. Please allow thirty (30) to forty-five (45) days after this completed authorization is received by the Fund for payments to be deposited.

Section A: Participant/Annuitant Information

Name: _____ SSN: _____
First Middle Last

Section B: Account/Financial Institution Information

The account listed in this section must be in the name of the annuitant or, if deceased, the beneficiary recipient.

Name of Financial Institution: _____

Mailing Address: _____
Street City State Zip Code

Name of Contact Person: _____ Phone Number: _____

Routing Transit Number: _____ Account Number: _____

Account Type:

- Checking (*Attach a voided blank check indicating the bank routing and account number. Do not attach a deposit slip.*)
 Savings (*Provide a copy of a recent statement with your bank routing and account number.*)

Section C: Participant/Annuitant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to deposit my benefit payments into the account listed above.

Participant/Annuitant Signature: _____ Date: ___/___/___

Must be signed in the presence of a Notary Public.

Section D: Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Signature of Notary Public

Commission Expires

(SEAL)