

Direct Deposit Authorization Form

Complete this form if you wish to elect direct deposit of your monthly pension benefit.

- Be sure to include a voided check or a savings deposit slip.

By signing this form, you authorize The Church Pension Fund to pay your monthly pension by direct deposit to the institution listed below.

- This authorization will remain in effect until you change or cancel it in writing.

You may wish to contact your financial institution directly to verify the information below. Please note that it may take up to 45 days to process your authorization request. If you do not complete all of the requested information, or if you provide inaccurate information, your request may be further delayed.

Legal Name

First

MI

Last

Mailing Address

Street

City

State

Zip

Country

Home Phone

Mobile Phone

Social Security Number/Tax ID Number

Financial Institution Information for Direct Deposit of Monthly Pension Benefit (please print)

Account Type

Checking

Savings

Other

Name of Financial Institution

Street Address

City

State

Zip

Telephone

Financial Institution's ABA Routing Number

Account Number

Signature

Date

Signature of Joint Account Holder:

Date