

**TEAMSTERS LOCAL 639 – EMPLOYERS PENSION FUND**

PO BOX 99489  
Troy, MI 48098-9998



(202) 636-8181 – Phone  
(800) 983-2699 – Toll Free  
(202) 526-7959 – Fax

**AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS**

I, the Participant, authorize the TEAMSTERS LOCAL 639 – EMPLOYERS Pension Trust and the designated Bank to automatically deposit my Pension benefit to my bank account each month. If funds to which I am not entitled are deposited to my account, I authorize the TEAMSTERS LOCAL 639 Pension Trust to direct the Bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

I understand that the TEAMSTERS LOCAL 639 Pension Trust will require periodic verification of my signature. I will cooperate fully in meeting these requirements.

If this is a joint or tenant in common account with any other person including but not limited to my spouse, the Participant and any other such signatory agree to hold harmless, release, waive and forever discharge the TEAMSTERS LOCAL 639 Pension Trust with respect to any use, alienation or hypothecation by such other person, of funds deposited by the TEAMSTERS LOCAL 639 Pension Trust. The Participant and any other such signatory further agree and recognize that the direct deposit of the Participant's Pension Benefit to the designated account confers no rights or privileges either contractual or by operation of law to any joint account holder or tenant in common in such account and such other signatory further agrees to the immediate notification to the TEAMSTERS LOCAL 639 Pension Trust and termination of such direct deposit on the death of the Participant.

**PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE FOR PENSION PURPOSES**

Your Name: \_\_\_\_\_  
(Please Print)

Your Address: \_\_\_\_\_  
No. \_\_\_\_\_ Street \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_  
(Area Code)

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)

**PLEASE SEE OTHER SIDE**

## **THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR BANK**

The Bank hereby agrees to accept the direct deposit of the Participant's monthly Pension checks under the terms and conditions outlined on the front of this form. The Bank further certifies that the signatures of the participant and the joint account holder or tenant in common (if applicable) appearing on the front of this form is/are the true signature(s) of the person(s) named.

Bank Name: \_\_\_\_\_  
(Please Print)

Bank Address: \_\_\_\_\_  
No. \_\_\_\_\_ Street \_\_\_\_\_

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

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of  
Account: \_\_\_\_\_

Transit  
Routing Number: \_\_\_\_\_

Bank Officer: \_\_\_\_\_  
(Please Print Name)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please return this form and direct any inquiries to:

**TEAMSTERS LOCAL 639 PENSION TRUST  
PO BOX 99489  
TROY, MI 48098-9998  
(202) 636-8181**