

# SOUTHERN CALIFORNIA PIPE TRADES RETIREMENT FUND

501 Shatto Place, 5<sup>th</sup> Floor • Los Angeles, CA 90020 • (800) 595-7473 • (213) 385-6161 • Fax: (213)383 – 6801 • [www.scptac.org](http://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 insure 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.

<b>NAME OF FINANCIAL INSTITUTION</b>			<b>TRANSIT ROUTING NUMBER*</b>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>		
<b>ACCOUNT NUMBER*</b>			<b>TYPE OF ACCOUNT</b>	
			CHECK ONE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
<b>PAYEE NAME (PRINTED)</b>			<b>PAYEE SSN:</b>	
<b>ADDRESS</b>				
<b>CITY, STATE AND ZIP</b>				
<b>DATE</b>	<b>PAYEE'S SIGNATURE (if joint account, all signatures) (REQUIRED)</b>			

**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.**