AUTHORIZATION/CHANGE AGREEMENT DIRECT DEPOSIT OF PENSION PAYMENTS TO YOUR CHECKING or SAVINGS ACCOUNT Instructions:

You must complete <u>Section A</u> to confirm current information.

You must complete <u>Section B</u> to authorize direct deposit by <u>ELECTRONIC FUNDS TRANSFER</u> (EFT) or to change EFT information **OR** <u>Section C</u> to terminate EFT direct deposit.

Section A		
(Name –Pension Recipient)	(Social Security Number)	(Area Code & Telephone Number)
(Address)		
(City)	(State)	(Zip)
(City)	(State)	(Zip)
Section B DIRECT DEPOSIT ACCOU	INT INFORMATION	& AUTHORIZATION
This is a NEW EFT enrollment	This is a CHANGE in EFT banking information.	
This is a CHECKING account	This is a SAVINGS account	
Name of financial institution (bank):		
Account Number:		
Routing Number:		
IMPORTANT - You mus	t attach a "voided"	or cancelled check to
this form or a letter from you Routing numbers.		
PAYMI	ENT AUTHORIZATION	
I hereby authorize the Connecticut Laborers payment to the financial institution indicated receive any monthly notice from the Fund repayments for the year. Such direct deposit will in writing to the Fund Office. I acknowled Authorization Agreement in order to make a Pension Fund deposits funds erroneously into an amount not to exceed the original amount	I above. I acknowledge that be egarding issuance of payment I be made each month, unless I dge that I must complete and any change in bank or account my account, I authorize the Person of the payment of the person of the perso	y electing direct deposit, I will no but an annual summary of benefit choose to terminate this agreemen submit to the Fund Office a new information. In the event that the
(Pension Recipient's Signature)		(Date)
Section C EFT DIREC	T DEPOSIT TERMINAT	ION
I hereby terminate EFT direct deposit instruction be mailed to my home address as shown above.	tions and understand that my n	
(Pension Recipient's Signature)		(Date)