

ABC-NABET RETIREMENT TRUST PLAN

c/o Zenith American Solutions • 2 Gateway Center, 603 Stanwix St., Suite 1500 • Pittsburgh, PA 15222

DIRECT DEPOSIT FORM

Complete and mail this form to the Fund Office along with a voided check or letter from your bank, credit union, or other financial institution verifying your account information.

I request that my monthly pension benefit be electronically deposited directly into the bank account identified below.

I understand the pension benefits are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and refund any such payment to the ABC-NABET Retirement Trust Plan.

I understand that Direct Deposit shall remain valid until I notify the Plan Office in writing to the contrary.

Member Information

Social Security Number

First Name

MI

Last Name

Mailing Address

City

State

Zip Code

Bank Name

Bank Routing Number

Account Number

(Choose only one)

Checking **-OR-** Savings

Example Check > Valid routing numbers begin with 0, 1, 2 or 3



Participant Signature

Date

Please notify the Pension Plan **IMMEDIATELY** when any information changes