

Return To:  
BAC Local Union 15 Pension Fund  
PO Box 909500  
Kansas City, MO 64190-9500

# BAC LOCAL UNION 15 PENSION FUND

## Direct Deposit Authorization

Participant's Authorization – Please fill out and return to the Fund Office

I authorize you and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account                       Savings Account

This authority will remain in effect until I have cancelled it in writing.

Name (Please Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

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

Phone Number of Financial Institution \_\_\_\_\_

Transit Routing Number

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ABA

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

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Staple Voided Check Here ↑