

Authorization for Direct Deposit



THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Your Personal Information

Name *(first, middle, last)*

SSN

Account Information

Name of Financial Institution

Routing Number (9-digit number)

Your Bank Account Number

Account Type:

- Checking Account
- Savings Account

The Direct Deposit form must be received by The Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Authorization

On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.

This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.

Member or Power of Attorney *(POA)* Signature

(If POA, please include the POA supporting documents, if not previously submitted.)

Date *(mm/dd/yyyy)*