

# 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)*

Last 4 digits of SSN

## Account information

Name of financial institution

Routing number (9-digit number)

Your bank account number

### Account type:

- Checking account
- Savings account

**If the direct deposit is received by the 15th of the month, the direct deposit will be effective the following pay period. If it is received after the 15th of the month, it will be effective the 2nd pay period following the submission.**

## 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, include the POA supporting documents, if not previously submitted.)*

Date *(mm/dd/yyyy)*