



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

RECIPIENT'S NAME: \_\_\_\_\_

RECIPIENT'S PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLAN NAME (City retired from): Palm Tran ATU Local 1577 Pension Fund – 3040002751

---

I hereby authorize SALEM TRUST COMPANY to initiate credit and debit entries or adjustments (if necessary for any credit entries made in error) to my checking or savings account as indicated below. SALEM TRUST COMPANY is only permitted to withdraw money from my account if an overpayment has been deposited into that account. Prior to making any deductions, SALEM TRUST COMPANY is required to notify me and the Board of Trustees of the above-referenced plan of the overpayment.

ACCOUNT INFORMATION (Check one)

\_\_\_\_\_ CHECKING (Attach voided check; deposit slips are not accepted)

\_\_\_\_\_ SAVINGS (Attach voided deposit slip; you may need to check with your bank for the routing number)

\_\_\_\_\_ MONEY MARKET CHECKING (Attach voided check; check with your bank, most money markets are checking accounts, some are considered savings accounts)

\_\_\_\_\_ MONEY MARKET SAVINGS (Attach voided deposit slip; check with your bank, most money markets are checking accounts, some are considered savings accounts)

---

FINANCIAL INSTITUTION INFORMATION

ROUTING OR ABA NUMBER (first 9 digits): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

PHONE NUMBER (Including area code): \_\_\_\_\_

---

This authorization is to remain in full force and effect until SALEM TRUST COMPANY has received notification from me of its termination, in such a manner as to afford SALEM TRUST COMPANY and my financial institution a reasonable opportunity to act upon my request. I hereby agree to hold SALEM TRUST COMPANY harmless from any loss resulting from following the above instructions.

If any payments are deposited to my account which I am not entitled to receive under said Plan, by reason of death prior to the date when such payments became due, then for myself, my heirs, executors and assigns, I agree to repay and refund the amount of any such overpayments. I hereby authorize and direct the financial institution named above to refund the amount of such overpayments to SALEM TRUST COMPANY and debit the amount from my account.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_