

# Twin City Hospital Workers Pension Plan

3001 Metro Drive, Suite 500, Bloomington, MN 55425

Telephone: (952) 814-4605 – Toll Free: (800) 535-6373 – Fax: (952) 851-3566

## Direct Deposit Authorization

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

Staple Voided Check Here ↑

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

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

Home/Cell Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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

Phone Number of Financial Institution (\_\_\_\_\_) \_\_\_\_\_

Transit Routing Number

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

Checking Account

Savings Account

I authorize the TWIN CITY HOSPITAL WORKERS PENSION PLAN to credit my account with the depository named above. If the Fund erroneously deposits funds into my account, I authorize the Fund to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current period. I understand that even though my benefit payment will be deposited to my account according to the above instructions, I am still obligated to provide the Fund office with written notification if my mailing address or phone number should change. I understand that failure to do so could result in temporary suspension of benefit payments.

This authorization will remain in effect until the Fund has received written notification from me that it is to be terminated in such time and manner for the Fund to act on it. By my signature above I authorize the depository to release any information to a representative of the TWIN CITY HOSPITAL WORKERS PENSION PLAN office that will expedite the electronic deposit of my pension benefit.

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