

PLEASE PRINT

**AUTHORIZATION FOR DEPOSIT OF BAKERY AND CONFECTIONERY UNION AND  
INDUSTRY INTERNATIONAL PENSION PAYMENTS**

10401 CONNECTICUT AVE. ■ KENSINGTON, MD 20895 ■ Telephone: (301) 468-3728 ■ Fax: (301) 468-3748

**PENSIONER TO COMPLETE ITEMS (A) THROUGH (H)**

**(A) PENSIONER'S AUTHORIZATION**

I, \_\_\_\_\_ authorize and request the Bakery and Confectionery Union and Industry International Pension Fund to direct the amount of my monthly pension as indicated below to the respective financial organization designated. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization so designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with the Bakery and Confectionery Union and Industry International Pension Fund until canceled by written notice from me.

**(B) NAME OF PENSIONER**

**(C) PENSION NUMBER**

**(D) SOCIAL SECURITY NO.**

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**(E) PENSIONER'S TELEPHONE NO.**

**(F) ACCOUNT TYPE & ACCOUNT NUMBER TO BE CREDITED**

*Enter "C" for Checking or "S" for Savings Account*

**(G) MAILING ADDRESS OF PENSIONER INCLUDING ZIP CODE**

"C" or "S"

ACCOUNT NUMBER

**(H) SIGNATURE OF PENSIONER**

DATE

**FINANCIAL ORGANIZATION TO COMPLETE SECTION BELOW**

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee named herein. We understand that our account number shown for the payee named herein will be included as additional identification on individual payment credits to his/her accounts. We understand that the payee named above has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee and the Bakery and Confectionery Union and Industry International Pension Fund.

ROUTING NUMBER

□ □ □ □ □ □ □ □ □

DO YOU ACCEPT ELECTRONIC TRANSFER  YES  NO

NAME & ADDRESS OF FINANCIAL ORGANIZATION

**TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**

*Enter "C" if Checking Account or "S" if Savings Account*

"C" or "S"

DEPOSITOR ACCOUNT NUMBER

BRANCH DESIGNATION (IF APPLICABLE)

TELEPHONE NUMBER

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

TITLE

DATE

FOR FUND USE ONLY