

EMPLOYEE'S AUTHORIZATION FOR DIRECT DEPOSIT

PLEASE COMPLETE AND RETURN TO THE PENSION FUND OFFICE

1681 E. Cope Ave., Ste. B
Maplewood MN 55109
(651) 770-0991 1-800-231-4622

I authorize

Sheet Metal Workers' Local 10 Pension Fund and/or

Sheet Metal Local 10 Supplemental Retirement Fund

and the Financial Institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account

_____ Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

ADDRESS

SOCIAL SECURITY NUMBER

BRANCH

ACCOUNT NUMBER AT
FINANCIAL INSTITUTION

CITY STATE & ZIP

TRANSIT ROUTING NUMBER

PLEASE ATTACH A VOIDED CHECK

SIGNATURE

DATE