



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS AND WITHDRAWALS

PENSION PLAN NAME: _____ **(Former Employer)**

I hereby agree to authorize Truist Bank to initiate electronic entries to automatically deposit my payment from the Pension Plan to my bank account indicated below or, in the event an amount is deposited in error, to withdraw that amount. **I understand that Truist Bank cannot send direct deposits to a correspondent U.S. Bank for further credit to an International account.**

This agreement will remain in force until revoked by me in writing in sufficient time to allow Truist Bank to act on the revocation. Should I change bank accounts or banking institutions, I understand that I am responsible for advising Truist Bank of the change and supplying my new bank account number and bank name.

Your Name (Please Print) _____

Last 4 digits of your Social Security Number: XXX -XX- _____

My Bank Name _____

Bank Routing Number _____ Bank Account Number _____

This is a: ☐ Checking Account ☐ Savings Account

If it shall be determined that any payments have been made to me to which I am not entitled under the Pension Plan, I agree to repay and refund the amount of any such overpayments and, in furtherance of such obligations, I hereby authorize and direct my Bank to refund the amount of such overpayments to Truist Bank, IAS- Retirement Services, and charge the same to my bank account.

NOTICE: In order to ensure the recording of accurate data, your first payment may be in the form of a check. Subsequent payments may also be in the form of a check until your banking institution confirms your deposit information. Please attach a voided check and your signature below to expedite the processing of your deposit information. **If you do not provide a voided check with your name encoded as confirmation of your account, your signature must be notarized on this Authorization Agreement.**

.....

(Signature) (Date)

(Address) (Telephone Number)

..... Change Mail Address? ☐ YES ☐ NO

(City, State, Zip Code) New Mailing Address

TO BE COMPLETED BY NOTARY:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Produced Identification: ☐ YES (Type of Identification Produced _____) ☐ NO

Signature of Notary Public: _____

(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped: _____

YOU MAY USE THE ENVELOPE PROVIDED TO RETURN THIS FORM, OR ONE OF THE OPTIONS BELOW:		
MAIL TO: TRUIST BANK RETIREMENT & INSTITUTIONAL SVCS. P.O. BOX 4655, MAIL CODE 803-05-02-15 ATLANTA, GA 30302	SEND OVERNIGHT MAIL TO: TRUIST BANK RETIREMENT & INSTITUTIONAL SVCS. 2 ND FLOOR- MAIL CODE 803-05-02-15 303 PEACHTREE STREET ATLANTA, GA 30308	FAX TO: 404-230-1027 OR 1-800-982-2817