

# Houston Area Teamsters Pension Fund

## DIRECT DEPOSIT BANKING AGREEMENT

I hereby authorize Comerica Bank, as paying agent for the Houston Area Teamsters Pension Fund to transmit my retirement benefits to:

Bank Information:

Bank Name\_\_\_\_\_

Bank Address\_\_\_\_\_

City/State\_\_\_\_\_

Telephone Number\_\_\_\_\_

Routing Number\_\_\_\_\_

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

For credit to:  Checking  Savings

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the overpayment to Houston Area Teamsters Pension Fund.

Participant Information:

Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

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

Telephone Number\_\_\_\_\_

Local Union \_\_\_\_\_

Please sign and date below.

\_\_\_\_\_

Date\_\_\_\_\_

If you have any questions, please contact the fund office @ 713-643-9300. Thank you.

**8441 Gulf Freeway, Suite 304, Houston, Texas 77017-5066**  
**Telephone: (713) 643-9300 Facsimile: (866) 316-4794**