

**DIRECT DEPOSIT BANKING AGREEMENT**

I hereby authorize US Bank, as paying Agent for the Southern Region of Teamsters Pension Fund to transmit my retirement benefits to:

**Participant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

**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 payment to the Southern Region of Teamsters Pension Fund.

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SIGNATURE OF RETIREE

DATE

Should you have any questions, please contact the fund office @ 1-866-236-3148.

Thank you.