

# Authorization Request For Direct Deposit of Benefit Payment



Pay Group # (FOR OFFICE USE ONLY)

I hereby authorize the direct deposit by PNC Bank, N.A. (PNC Bank), the paying agent for my employee benefit plan, of my benefit payment(s) to the Financial Institution and checking / savings account shown below. I / We further authorize the refund of any deposits made following the benefit recipient's death pursuant to the National Automated Clearing House Association Operating rules 4.7 to 4.7.4.

I / We, the owner(s) of the said checking / savings account, will return to PNC Bank, the full amount of any excess benefit deposits made but unrecoverable from the named account. This agreement is also binding on our heirs, assigns and estate.

Retiree Data	
Name	Social Security Number
Address	
City, State, Zip Code	
Mobile Phone Number	Email Address
Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number - 9 Digits Required	Bank Name
Signature (REQUIRED)	

\* This form must be received at PNC by the 15th of the month to process for the next monthly payment.

\* Periodic Direct Deposit benefit payments payable on the 1st of the month may not be available for withdrawal until the first business day of the month.

NAME ADDRESS CITY, STATE ZIP	DATE	0123 01 2345 6789
PAY TO THE ORDER OF	\$	
DOLLARS		
BANK NAME ADDRESS CITY, STATE ZIP		
FOR		
1234567890	012345678901234	0123
Routing Number	Account Number	

Optional: If this is a checking account, you may attach a blank personal check marked "VOID" to this form to ensure accuracy.

If you have any questions or concerns regarding your benefit payment please call 1-800-765-6148.

Authorization Request may be faxed to 855-867-1768.