

Authorization Request For Direct Deposit of Benefit Payment



Pay Group # (FOR OFFICE USE ONLY)

I hereby authorize PNC Bank, National Association ("PNC"), acting as the Paying Agent for my benefit plan, to electronically credit my account with ACH credit entries (and, if necessary, to electronically debit or credit my account to correct erroneous ACH credit entries). The amount, frequency, and duration of the credit(s) will be determined by my Plan Administrator or their Agent, and credited to my account at the depository financial institution below ("DEPOSITORY"). I agree that the ACH transactions I authorize comply with all applicable laws.

I understand that this authorization will remain in full force and effect until I notify PNC that I wish to revoke this authorization, which I may do so by phone at 1-800-765-6148, via faxed signed authorization to 1-855-867-1768, or via mailed signed authorization to PNC Benefit Payments, P.O. Box 606, Pittsburgh, PA 15230-0606. I understand that PNC requires receipt of said revocation of this authorization by the 15th of the month to ensure cancellation by the next payable date.

I agree to return to PNC the full amount of excess payment(s) made to my account if PNC is unable to recover the excess payment(s) directly from my account. This agreement to return excess payment(s) to PNC shall be binding upon my heirs, assigns and estate.

Retiree Data	
Name	Social Security Number
Address	
City, State, Zip Code	
Mobile Phone Number	Email Address

Bank/Depository Information	
Bank/Depository Name	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name(s) on the Account	
Routing Number - 9 Digits	Bank Account Number

Authorization	
Name (Please Print)	
Signature	Date
<input type="checkbox"/> Please do NOT mail paper deposit advices for my monthly benefit payments. I understand that I may change this election in the future.	

Note: Benefit payments payable on the 1st of the month may not be available for withdrawal until the first business day of the month.

NAME	0123
ADDRESS	01-2345-6789
CITY, STATE ZIP	
DATE	
PAY TO THE ORDER OF	\$
BANK NAME	DOLLARS
ADDRESS	
CITY, STATE ZIP	
FOR	
⑆0123456789⑆ 01234567890123⑆ 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.

Please return this completed and signed authorization form in the enclosed envelope, or fax it to 855-867-1768.