

**AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION PAYMENTS**

TO: Diocese of Knoxville Lay Retirement Plan  
Reliance Trust Company, Trustee  
805 Northshore Drive  
Knoxville, Tennessee 37919

**BENEFIT RECIPIENT**

Name \_\_\_\_\_ Recipient Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

**AUTHORIZATION FOR DEPOSIT**

I am entitled to receive pension payments from the above plan, and until you receive notice from me in writing to the contrary, you are authorized and directed to transmit benefits to which I am legally entitled for deposit to:

\_\_\_\_\_ Full Name of Financial Institution \_\_\_\_\_ Address of Financial Institution \_\_\_\_\_

**Account Number** \_\_\_\_\_ **Bank Transit/Routing Number** \_\_\_\_\_

**Please obtain the above information directly from your financial institution to ensure direct deposit.  
Checks and/or deposit slips may not contain the correct information.**

Type of Account: (check one)  Checking  Savings  
Ownership of Account: (check one)  Sole Owner  Joint Account

I have read and agree to be bound by all of the provisions of the Agreement, including the provisions on the reverse side, with the intent that this Agreement shall be binding upon my executors, administrators and heirs.

**WITNESS:**

\_\_\_\_\_  
Signature of Witness  
\_\_\_\_\_  
Signature of Benefit Recipient  
\_\_\_\_\_  
Printed Name of Witness

**AGREEMENT OF JOINT ACCOUNT HOLDER(S) (complete if account is joint account)**

The undersigned, being all of the joint owners of the account described above in addition to the Benefit Recipient, have read and agree to be bound by all of the provisions of this Agreement, including the provision of the "Joint Account Holder" section on the reverse side.

\_\_\_\_\_  
Printed Name of Joint Account Owner  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name of Joint Account Owner  
\_\_\_\_\_  
Signature