

International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076
Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160
pension@iupat.org / www.iupatpension.org

Authorization Agreement for Direct Deposit

This form authorizes the International Painters and Allied Trades Industry Pension Fund (the "Fund") to send payments to the Designated account. This document remains in effect until canceled in writing and prior to the distribution being processed. Please allow thirty (30) to forty-five (45) days after this completed authorization is received by the Fund for payments to be deposited.

Section A: Participant/Annuitant Information (person to be paid)	
Nama	
Name:	 Last
Home Phone:	SSN:
Call Phone:	
Cell Phone:	Alt or Member ID:
Section B: Account/Financial Institution Information	
Attach ONE of the following:	
• Voided Check: The voided check is required to have the financial institution's name and payee's name pre-	
printed on the check along with the routing and account number.	
Bank Letter or Statement: The bank letter or statement is required to be on bank letterhead and have the	
Payee's name, account type, complete routing and account number pre-printed on document.	
Section C: Participant/Annuitant Authorization	
I hereby request the International Painters and Allied Trades Industry Pension Fund to deposit my benefit payments into the account stated in the attached document.	
Participant/Annuitant Signature:	/
Must be signed in the presence of a Notary Public.	
Section D: Notary Public Verification	
State of Co	unty of
Before me	a Notary Public on this day personally
Before me,	
appeared	known to me to be the person whose name is
subscribed to the foregoing instrument and acknowledg	ged to me that he/she executed the same for purposes
and consideration therein expressed. Given under my h	and and seal of office this day of
20 Notary Signature:	
Date Notary Commission Expires:	(Seal or Stamp)