

**ALA-LITHOGRAPHIC INDUSTRY PENSION PLAN
113 UNIVERSITY PLACE
NEW YORK, NY 10003**

Telephone: (212) 460-0800
Fax: (212) 673-5102

DIRECT DEPOSIT AGREEMENT

Please select items which apply:

- New Enrollment Bank Change
 Address Change Account# Change

PARTICIPANT'S INFORMATION:

Name: _____

Folio Number: _____

Social Security Number: _____

Telephone No: _____

Address: _____

City, State, Zip: _____

I hereby authorize the ALA Lithographic Industry Pension Plan to electronically transfer my pension benefits, including corrections, to my

CHECKING ACCOUNT

SAVING ACCOUNT

At the Financial Institution named below, which is authorized to receive them:

This authorization shall remain in full effect until ALA-Lithographic Industry Pension Plan has received written notification of its termination. I understand that any funds received by the designated Financial Institution after my death are to be returned to the Fund.

BANK INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS: _____

BANK'S TRANSIT ROUTING NUMBER

YOUR ACCOUNT NUMBER

Please attach a voided check. Please contact your Financial Institution if you do not have a Routing Number for your Saving/Checking Account.

Member's Signature

Date

THIS FORM MUST BE NOTARIZED