

AUTHORIZATION AGREEMENT FOR ACH DIRECT DEPOSIT  
OF PENSION PAYMENTS

I hereby authorize and request U.S. Bank, hereafter called U.S. BANK to make payment of any amount due me for pension benefits by initiating credit entries to my Checking/Savings account indicated below in the bank named below, hereafter called BANK. The BANK shall notify U.S. Bank of pensioner's home address, if requested.

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Mailing Address

\_\_\_\_\_  
Bank Transit Routing Number

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Pensioner's Bank Account Number

\_\_\_\_\_  
Checking or Savings  
Type of Account

\_\_\_\_\_  
Bank Representative Signature

\_\_\_\_\_  
Bank Representative phone Number

It is understood that this Agreement may be terminated by me at any time by written notification to U.S. BANK or BANK. Any such notification to U.S. BANK shall be effective only with respect to entries initiated by U.S. BANK after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I hereby authorize U.S. BANK to debit my account for amounts in error not to exceed the original credit or for any payments made to BANK as of a due date subsequent to the death of myself. I agree that U.S. BANK shall have the right to require from time to time evidence that I am living.

\_\_\_\_\_  
Pensioner's Name (Please Print)

\_\_\_\_\_  
Pensioner's Social Security Number

\_\_\_\_\_  
Pensioner's Signature

\_\_\_\_\_  
Pensioner's Home Address

\_\_\_\_\_  
Signature of Joint Account Holder  
(If Applicable)

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone