AUTHORIZATION AGREEMENT FOR ACH DIRECT DEPOSIT
OF PENSION PAYMENTS

I hereby authorize and request U. S. Bank of Chicago, 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