Kansas City, MO 64190-9500

MO-Kan Teamsters Pension Fund

Direct Deposit Authorization

Effective January 1, 2004 All Pension checks are required to be electronically deposited

Participant's Authorization - Please fill out and return to the Fund Office

I authorize you and the financial if necessary, debit entries and a						s and,
☐ Checking Account			Savings	Account		
This authority will remain in effect until I have cancelled it in writing.						
Name (Please Print)					_	
Social Security Number XXX	– XX -		_			
Home Phone Number					_	
Financial Institution Branch						
City	State					
Phone Number of Financial Inst	itution					
Transit Routing Number					ABA	
Account Number						
Participant's Signature				Date _		