



AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

To: ALASKA TEAMSTER-EMPLOYER PENSION TRUST

I hereby authorize you to initiate credits (and/or corrections to previous credits) to the financial institution indicated below. The institution is hereby authorized to credit (and/or correct) the amounts to my account.

Please fill out completely.

Financial Institution Name (Bank, Mutual Savings Bank, Savings & Loan, Credit Union)	Branch	Type of Account: _____ Savings _____ Checking _____ Other: _____
Street Address, City, State & Zip		Telephone ()

**FINANCIAL INSTITUTION
ROUTING NUMBER**

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PERSONAL ACCOUNT NUMBER

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This authorization is to remain in full force and effect until revoked by me in writing.

Recipient/Depositor Name (Print)	Social Security Number
Mailing Address	City, State, Zip
Telephone Number ()	
Recipient/Depositor AUTHORIZING SIGNATURE	Date

Please return to:

ALASKA TEAMSTER-EMPLOYER PENSION TRUST
 520 E. 34TH AVENUE, SUITE 107
 ANCHORAGE, AK 99503-4116
 (907) 751-9700 *or* (800) 478-4450 (toll free)
 Fax (907) 751-9738