

**SKD Company Pension Plan for Hourly Employees of the Brampton Division
Registration #: 0928622**

Direct Deposit Payment Authorization Form

Name:

Social Insurance Number:

Address:

ATTACH A VOID CHEQUE PLEASE

Personal Banking Information:

Name and Address of Bank	Bank Code (4 digits)	Transit No. (5 digits)	Account No.
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I hereby authorize the Trustee, the Northern Trust Company, to deposit my monthly pension benefits into the above account and have included a void cheque.

(Signature)