

# DIRECT DEPOSIT AUTHORIZATION FORM



LEAGUE – ATPAM PENSION & WELFARE FUNDS

MAIL THE COMPLETED FORM TO: BENSERCO, INC. 140 SYLVAN AVENUE, SUITE 303 ENGLEWOOD CLIFFS, NJ 07632

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

SOCIAL SECURITY NUMBER

NAME OF FINANCIAL INSTITUTION

ACCOUNT NUMBER

TYPE OF ACCOUNT

CHECKING SAVINGS

ROUTING TRANSIT NUMBER (ALL 9 BOXES MUST BE FILLED)

OWNERSHIP OF ACCOUNT

SELF JOINT

BY SIGNING THIS AGREEMENT, I AUTHORIZE LEAGUE-ATPAM FUNDS TO INITIATE CREDIT ENTRIES TO THE ACCOUNT INDICATED ABOVE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

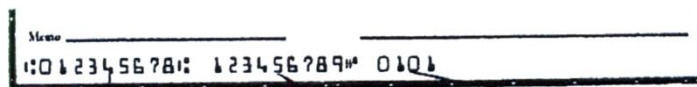
IF THE ACCOUNT IS A JOINT ACCOUNT OR IN SOMEONE ELSE'S NAME, THAT INDIVIDUAL MUST AGREE TO THE TERMS STATED ABOVE BY SIGNING BELOW.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## How To COMPLETE THIS FORM

1. FILL IN ALL BOXES ABOVE
2. SIGN AND DATE THE FORM
3. IF THE ACCOUNT IS NOT IN YOUR NAME ALONE, HAVE THE OTHER ACCOUNT HOLDER SIGN ALSO.
4. MAIL THE FORM TO THE ADDRESS LISTED ABOVE.

BELOW IS A SAMPLE CHECK MICR LINE, DETAILING WHERE THE INFORMATION NECESSARY TO COMPLETE THIS FORM CAN BE FOUND



Routing/Transit #  
(A 9-digit number always between these two marks)

Checking Account #

Check #  
(this number matches the number in the upper right corner of the check— not needed for sign-up)

- TIP** CALL YOUR FINANCIAL INSTITUTION TO MAKE SURE THEY WILL ACCEPT DIRECT DEPOSITS.
- TIP** VERIFY YOUR ACCOUNT NUMBER AND ROUTING TRANSIT NUMBER WITH YOUR FINANCIAL INSTITUTION.
- TIP** DO NOT USE A DEPOSIT SLIP TO VERIFY THE ROUTING NUMBER.