

Please attach voided check here.

NAME: _____

SS #: _____

ADDRESS: _____

TELEPHONE #: _____

Checking Account # _____

OR (INCLUDE A VOIDED CHECK)

Savings Account # _____

(INCLUDE A VOIDED DEPOSIT SLIP)

I agree with and understand the following:

- (A) This Electronic Funds Transfer information is to remain in effect unless a written notification of a change in institution is given to the Plan or the Plan no longer offers Direct Deposit via Electronic Funds Transfer.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the Plan of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature _____

Date _____

For office use only:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Add | <input type="checkbox"/> CA |
| <input type="checkbox"/> Change | <input type="checkbox"/> CA/Nacha Screen |
| <input type="checkbox"/> Delete | |