

1199 New England Pension Fund
77 Huyshope Avenue, 2nd Floor
Hartford, CT 06106-7001
(860) 728-1100

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

**NEW ENGLAND HEALTH CARE
EMPLOYEES PENSION FUND**

I hereby authorize New England Health Care Employees Pension Fund, to initiate credit entries to my Checking Account or Savings Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. In the event that New England Health Care Employees Pension Fund deposits funds erroneously into my account, I authorize New England Health Care Employees Pension Fund to debit my account for an amount not to exceed the original amount of the erroneous credit.

DEPOSITORY NAME _____

(Bank Name)

CITY _____

STATE _____

ROUTING NUMBER _____

COMPLETE ONE OF THE FOLLOWING:

CHECKING ACCOUNT # _____

SAVINGS ACCOUNT # _____

This authorization is to remain in full force and effect until New England Health Care Employees Pension Fund has received written notification from me of its termination in such time and in such manner as to afford New England Health Care Employees Pension Fund and Depository a reasonable opportunity to act on it.

NAME _____

ID # _____

(Please Print)

SIGNATURE _____

DATE _____

Attach a voided check or deposit slip for your checking account, or a deposit slip for savings account designated above.

INSTRUCTIONS FOR COMPLETING THE
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

To have your check deposited into your checking or savings account: Complete the following on the reverse side of this form.

- Name of Bank or Credit Union
- City and State of Bank or Credit Union
- Nine digit routing number
- Checking or Savings account number

- Print your Name
- Provide last four digits of your Social Security Number
- Sign and Date the Agreement

Attach an unsigned, voided check that contains your pre-printed account number on it.

Please Note:

- **Direct deposit to checking accounts cannot be processed without a voided check.**
- **Direct deposit is not available with passbook savings accounts.**

Return your completed Authorization Agreement for Direct Deposit to:

The New England Health Care Employees Pension Fund
77 Huyshope Avenue
Hartford, CT 06106-7001