

**RETURN TO: SEAFARERS PENSION PLAN**

5201 Auth Way, Camp Springs, MD 20746 – (301) 899-0675, Fax: (301) 702-0668

**Authorization of Direct Deposit of Pension Benefits**

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

I authorize the Seafarers Pension Plan to automatically deposit my Pension Benefits to the following bank account:

Account Number: \_\_\_\_\_ Checking [ ] Savings [ ]

Transit Routing Number (obtain from your bank) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**A voided check (checking) or deposit slip (savings) with account information must be attached.**

If funds to which I am not entitled are inadvertently deposited into my account, I authorize you to direct the bank to return said funds.

***PENSIONER SIGNATURE (REQUIRED)*** \_\_\_\_\_

Home Address (required): \_\_\_\_\_

Phone : Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**If this account is a joint account with my spouse or another individual, in the event of my death, the other joint account holder agrees to return to the Plan any funds to which I was not entitled.**

**Signature of my spouse or other account holder:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notary Public:**

**WE MUST BE NOTIFIED IN WRITING TO STOP DIRECT DEPOSIT. DUE TO OUR PROCESSING SCHEDULE, YOUR REQUEST WILL NOT BECOME EFFECTIVE UNTIL THE SECOND MONTH FOLLOWING RECEIPT OF THIS REQUEST.**

**➔ DIRECT DEPOSIT IS SET UP ONLY FOR BANKS LOCATED WITHIN THE UNITED STATES AND PUERTO RICO.**