

**EMPLOYEE'S AUTHORIZATION FOR DIRECT DEPOSIT**

PLEASE COMPLETE AND RETURN TO THE PENSION FUND OFFICE

1681 E. Cope Ave., Ste. B  
Maplewood MN 55109  
(651) 770-0991 1-800-231-4622

I authorize

Sheet Metal Workers' Local 10 Pension Fund and/or

Sheet Metal Local 10 Supplemental Retirement Fund

and the Financial Institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

\_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
ACCOUNT NUMBER AT  
FINANCIAL INSTITUTION

\_\_\_\_\_  
CITY STATE & ZIP

\_\_\_\_\_  
TRANSIT ROUTING NUMBER

\*PLEASE ATTACH A VOIDED CHECK\*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE