

**AUTHORIZATION/CHANGE AGREEMENT**  
**DIRECT DEPOSIT OF PENSION PAYMENTS TO YOUR CHECKING or SAVINGS ACCOUNT**

**Instructions:**

You must complete Section A to confirm current information.

You must complete Section B to authorize direct deposit by ELECTRONIC FUNDS TRANSFER (EFT) or to change EFT information **OR** Section C to terminate EFT direct deposit.

**Section A**

(Name –Pension Recipient) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Area Code & Telephone Number) \_\_\_\_\_

(Address) \_\_\_\_\_  
\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Section B**

**DIRECT DEPOSIT ACCOUNT INFORMATION & AUTHORIZATION**

- This is a **NEW EFT** enrollment  This is a **CHANGE in EFT** banking information  
 This is a **CHECKING** account  This is a **SAVINGS** account

Name of financial institution (bank): \_\_\_\_\_

Account number: \_\_\_\_\_

ABA Transit Number \_\_\_\_\_

**Signature of Banking Institution Representative** \_\_\_\_\_

**IMPORTANT - You must attach a “voided” or cancelled check to this form or a letter from your Bank for your Savings account**

**PAYMENT AUTHORIZATION**

I hereby authorize the Connecticut Laborers’ Pension Fund to direct deposit my net monthly pension benefit payment to the financial institution indicated above. I acknowledge that by electing direct deposit, I will not receive any monthly notice from the Fund regarding issuance of payment but an annual summary of benefit payments for the year. Such direct deposit will be made each month, unless I choose to terminate this agreement in writing to the Fund Office. I acknowledge that I must complete and submit to the Fund Office a new Authorization Agreement in order to make any change in bank or account information. In the event that the Pension Fund deposits funds erroneously into my account, I authorize the Pension Fund to debit my account for an amount not to exceed the original amount of the credit.

\_\_\_\_\_  
(Pension Recipient’s Signature)

\_\_\_\_\_  
(Date)

**Section C**

**EFT DIRECT DEPOSIT TERMINATION**

I hereby terminate EFT direct deposit instructions and understand that my monthly pension benefit check will be mailed to my home address as shown above in Section A.

\_\_\_\_\_  
(Pension Recipient’s Signature)

\_\_\_\_\_  
(Date)