

**CONNECTICUT LABORERS ANNUITY FUND**  
**AUTHORIZATION AGREEMENT**  
**DIRECT DEPOSIT OF ANNUITY DISTRIBUTION TO YOUR CHECKING or SAVINGS**  
**ACCOUNT**

**Instructions:**

You must complete and return Section A to confirm current information and .

You must complete and return Section B to authorize direct deposit by ELECTRONIC FUNDS TRANSFER (EFT).

**Section A**

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

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

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

**Section B**

**DIRECT DEPOSIT ACCOUNT INFORMATION & AUTHORIZATION**

☐ This is an **EFT**

☐ This is a **CHECKING** account

☐ This is a **SAVINGS** account

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

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

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

**IMPORTANT - You must attach a “voided” or cancelled check to this form or a letter from your Bank validating your account and Transit numbers.**

**PAYMENT AUTHORIZATION**

I hereby authorize the Connecticut Laborers’ Annuity Fund to direct deposit my Annuity distribution to the financial institution indicated above. I acknowledge that by electing direct deposit, I will not receive any notice from the Fund regarding issuance of payment but an annual summary of benefit payments for the year. In the event that the Annuity Fund deposits funds erroneously into my account, I authorize the Annuity Fund to debit my account for an amount not to exceed the original amount of the credit.

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

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

**THIS FORM MUST BE COMPLETED & RETURNED TO RECEIVE PAYMENT OF YOUR ANNUITY DISTRIBUTION**