



Automatic Deposit Authorization

Now you can have your retirement check deposited directly into your account each month with Automatic Deposit. It's automatic - all you do is sign up for the program on the attached Automatic Deposit Authorization form, and we will do the rest.

How does Automatic Deposit work?

Your net pay will be automatically deposited and available in your account the first regular banking day of each month.

What are the Advantages of Automatic Deposit?

- **It's Safe:** You don't have to worry about your check being lost, stolen, or cashed illegally.
- **It's Convenient:** You do not have to worry about finding time to get to the bank on payday, about having to go in bad weather, or about waiting in line when you get there - your check gets deposited on time whether or not you can get to the bank to deposit it.
- **It's Regular:** Even if you are sick or out of town, your check still goes into your account each month automatically. You will never have to worry about other people handling your check, or about having it mailed.

Fill in the Automatic Deposit Authorization form attached and sign up for Automatic Deposit today!

**PLEASE FILL OUT AND RETURN TO:
UFCW CONSOLIDATED PENSION FUND
1740 PHEONIX PARKWAY, ATLANTA, GA. 30349**

I hereby authorize the UFCW Consolidated Pension Fund to deposit each pay period my net pay into my checking/savings account at the below-named bank. The UFCW Consolidated Pension Fund is also authorized to adjust any over/under deposit which it has caused to be made to my account. I will not hold my bank liable for any erroneous deposits or adjustments by UFCW Consolidated Pension Fund, and I agree that the financial institution listed below may treat each such deposit the same as if I personally deposited it. If I send this form to the Pension office via fax at 770-997-9897, the Fund Office shall accept the fax, including my signature as an original record and signature. This authorization will remain in effect until I give written notice to terminate it or until the Pension office notifies me that the service has been terminated. I understand that I must allow the Pension office a reasonable amount of time for initiating or terminating this authorization and that I am responsible for notifying the Pension office of any change in financial institution information.

YOUR NAME (PLEASE PRINT)

SOCIAL SECURITY NUMBER YOUR PHONE NUMBER

HOME ADDRESS (STREET)

(CITY)

(STATE)

(ZIP CODE)

NAME & ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER (MUST BE INCLUDED)

DEPOSITOR ACCOUNT NUMBER (MUST BE INCLUDED)

TYPE OF ACCOUNT CHECKING SAVINGS

(SIGNATURE)

(DATE)

Please be sure to retain a copy of your completed automatic deposit authorization form for your records.