



Authorization For Direct Deposit of Retirement Benefits

To Be Completed By Plan Participant/Retiree/Beneficiary ("Participant") (Please print):

Employer Name: _____ Plan Name: _____

Name of Participant: _____ [insert full legal name] SSN of Participant: _____

Name of Joint Account Owner **(required if joint account)**: _____ [insert full legal name]

Address of Participant: Street / P.O. Box Number: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: (____) _____

This Authorization For Direct Deposit of Retirement Benefits ("Authorization") is provided by the above named Participant and Joint Account Owner (each, an "Accountholder") to M&T Bank in its capacity as trustee, custodian or other paying agent ("Paying Agent") set forth in the underlying agreements entered into by Paying Agent and the above named employer in respect of the above named employee benefit plan.

Each Accountholder hereby authorizes and directs that:

- any payment that either Accountholder is entitled to receive as a Participant or in any other capacity under the above named plan shall be transferred to the account ("Account") at the depository bank ("Depository Bank") set forth on the attached voided check or as set forth in the details below. Paying Agent and Depository Bank are to rely on the account number provided on the attached check or details below, even if that number does not match the account name provided. Such transfer may be made via Automated Clearing House (ACH) or other funds transfer means as determined by Paying Agent; and
- in the event Paying Agent notifies either Accountholder that a payment has been made in error to the Account, each Accountholder hereby authorizes Paying Agent and the Depository Bank to debit such payment from the Account and to return such payment to Paying Agent.

Each Accountholder agrees that Paying Agent and Depository Bank are entitled to rely on this Authorization until such time as it is cancelled. Participant has the right to revoke and cancel this Authorization at any time by providing written notice thereof to Paying Agent at the address set forth at the end of this Authorization. Paying Agent shall have a reasonable time to act upon any such cancellation notice. Depository Bank shall be a third party beneficiary of this Authorization.

Signature of Participant: _____ Date: _____

Signature of Joint Account Owner: _____ Date: _____
(required if joint account)

Depository Bank Account Details:

Option A – Attach "Voided" Check. The attached check must include the name of the Depository Bank, the Depository Bank's Routing Number and the Account Number.

Option B – If a voided check is unavailable, please have your financial institution complete the following:

Name of Depository Bank: _____

Address of Depository Bank:
Street / P.O. Box Number: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: (____) _____

Depository Bank ABA Routing Number and Check Digit: _____

Account Number: _____ Account Type: Checking Savings

Name(s) on Account: _____

Authorized Signature of
Depository Bank Representative: _____ Title: _____ Date: _____

Return the completed Authorization to your Employer or the address referenced below.

Questions: If you have any questions, please contact M&T Bank at (800) 836-1431.

Cancellation: If you want to cancel or revoke this authorization, please provide written notice to:

M&T Bank
PO Box 4623
Buffalo, New York 14240