



**Authorization For
Direct Deposit of Retirement Benefits**

To Be Completed By Terminated Employee/Retiree/Beneficiary:
(Please print)

S.S.# _____

I, _____, authorize and request that the retirement benefits that I am entitled to receive as a terminated employee, retiree or beneficiary of _____ be deposited directly into the account at the depository bank designated below. (Company Name)

I hereby authorize and direct depository bank to debit my account if any payments are made subsequent to my death, and to refund said payments to Manufacturers & Traders Trust Company (M&T Bank) as disbursing agent. I further authorize the disbursing agent to initiate debits to my account for deposits made after my death and for deposits made in error.

I understand I have the right to revoke and cancel this authorization. Such revocation or cancellation will take effect when I notify the disbursing agent in writing.

Signature of Account Holder _____ Date _____
/Retiree/Beneficiary

Additional Account Holder _____ Date _____
Signature (required, if joint account)

Address of Terminated Employee/Retiree/Beneficiary _____
(Street / P.O. Box Number)

(City, State, Zip Code)

Telephone Number (____) _____

Attach "Voided" Check or Deposit Slip

If voided check or deposit slip 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)

Account Number: _____ Account Type: _____

Account Title: _____

Depository Bank ABA Routing No. and Check Digit: _____

Telephone Number (____) _____

Authorized Signature of Depository Bank Representative: _____
Date: _____

Title: _____