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455 KEHOE BOULEVARD, SUITE 101, CAROL STREAM, ILLINOIS 60188 - Voice: 630-871-7733 - Fax: 630-871-0666

## DIRECT DEPOSIT AUTHORIZATION FORM

In order to ensure timely delivery of your retirement benefit, the Fund has an Electronic Fund Transfer (EFT) direct deposit program. Under the program, your retirement benefit payment is deposited electronically into your checking or savings account on the first day of each month (unless the first day of the month falls on a weekend or banking holiday). The information requested on this form must be provided for all individuals who have access to the account indicated below. I understand that I must keep the Fund informed of any changes in my address even if I use this EFT direct deposit program. A current address on file is needed for delivery of year-end tax documents and Fund communications.

I hereby authorize GC-NPF, and the financial institution shown below to deposit my retirement benefit payments directly into my account each month. If funds to which I am not entitled are deposited into my account in error, I/We authorize the Fund to direct the financial institution to return those funds and to provide any and all information in their records which may assist the Fund in the recovery of the funds including but not limited to the identity of all account holders. The authorization will remain in effect until I file a new authorization form or cancel my participation.

			Middle	Last		
Street			City	State	Zip Code	
				Home Phone No		
				Date		
Street			City	State	Zip Code	
	Checking		Savings			
Routing Number				Account Number		
	(Verif	y 9-digit num	nber with finan	ncial institution)		
<u>er(s</u> ) (Requ	uired for joint ac	ccounts or	ıly)			
			Ν	Name		
			S	SS#	·····	
Signature						
	First Street Street Street Contine Street Street Street Street Street	First Street Street Street Checking Routing Number (Verif er(s) (Required for joint ac	First Street  Street  Street  Checking  Routing Number (Verify 9-digit num er(s) (Required for joint accounts or	First       Middle         Street       City         Financial Institut         Street       City         Street       City         Checking       Savings         Routing Number       (Verify 9-digit number with finar         er(s)       (Required for joint accounts only)         Street       Savings         City       Savings         Counting Number       Savings         Street       Street         Street       Street	First       Middle       Last         Street       City       State	

IMPORTANT NOTE: FOR PRIVACY AND FRAUD PREVENTION PURPOSES, THIS FORM WILL ONLY BE ACCEPTED BY MAIL OR PERSONAL DELIVERY

IMPORTANT: YOU MUST ATTACH A VOIDED CHECK (IF CHECKING) OR PRE-PRINTED DEPOSIT SLIP (IF SAVINGS)

ATTACH HERE