

AUTOMATIC PENSION DEPOSIT AUTHORIZATION

Directions:

- 1) If you change banks or account numbers, please notify the Administrator as soon as possible.
- 2) Please allow one to two months after we receive this form for your automatic deposit to begin.
- 3) Return a voided check with this completed form. Failure to do so will delay the process. This check must have your name preprinted on it. (It cannot be a "starter check.")

Bank Account Information:

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Type of Bank:

- Commercial Bank
 Savings Bank
 Savings & Loan
 Credit Union

Type of Bank Account:

- Checking Account
 NOW Account
 Savings Account

Name(s) on Bank Account:

Full Name: _____

Your Bank Account Number: _____

Bank Routing Number: _____

I authorize you and the bank or financial institution listed above to deposit my net pay automatically to my account at the beginning of each month. I additionally authorize my account to be debited for pay deposited but not due.

I agree that in no event shall the JTA or its depository bank be liable for indirect or consequential monetary damages resulting from direct deposit.

This authority and agreement will remain in effect until I have canceled it in writing or am no longer receiving pension benefits.

Signature: _____

Date: _____