

GENERAL BOARD OF PENSION
AND HEALTH BENEFITS OF
THE UNITED METHODIST CHURCH



1201 Davis Street
Evanston, Illinois 60201
847.869.4550

General Information (please type or print)

Name of pensioner _____ Participant # _____

Address _____ Social Security # _____

_____ Conference/employer _____

Check here if new home address. Effective _____

Part 1 – Authorization For Automatic Deposits (to be completed by participant)

I, the undersigned, am receiving monthly pension payments from the General Board of Pension and Health Benefits of The United Methodist Church (General Board), on the first day of each month. This direct deposit agreement will end with the last benefit payment preceding my death. I hereby authorize the General Board to forward such payments, either by mail or by electronic fund transfer, to the Financial Institution indicated below and the Financial Institution to credit the amounts thereof to my:

Checking Account Savings Account

This depository agreement applies to my: monthly annuity cash installment

Financial Institution Information

Bank name _____ Bank address _____

Bank phone # (____) _____

If any funds to which I am not entitled shall have been received and collected by the Financial Institution from the General Board, I, or we (with respect to joint accounts) hereby authorize and direct the Financial Institution to refund the same to the General Board and charge such refund payments to my, or our, above account or any other account of mine, or to the extent money has been withdrawn from the above account by any other of the undersigned, to charge such refund payments to any other account which we, individually or jointly, may have in such Financial Institution.

This authority is to remain in full effect until the General Board has received written notification from me of its termination in such time and manner as to afford the General Board a reasonable opportunity to act on it, or until the General Board has sent me a ten (10) day advance written notice of the General Board's termination of this arrangement.

Signature of Pensioner _____ Date _____

Signature of Joint Account Holder, if any _____

Signature of Witness _____ Date _____

Note: All persons having an interest in the above account must sign.

Part 2 – Acceptance of Financial Institution (to be completed by financial institution)

The undersigned, on behalf of the above Financial Institution, hereby accepts the depository arrangements as set forth above.

Signature _____ Date _____

Title _____

Financial Institution's Transit Routing Number

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Account Number Information

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Note: This authorization will be deemed null and void if any amendments or alterations are made hereto.