

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST
3040 WILLIAMS DRIVE, SUITE 640
FAIRFAX, VA 22031
PHONE: (571) 800-1860 • FAX: (571) 520-4167 • WEBSITE: GAIJPT.ORG

NOTE: BENEFIT RECIPIENTS ARE NOW REQUIRED TO HAVE THEIR MONTHLY PAYMENTS TRANSMITTED ELECTRONICALLY TO THEIR BANK OR CREDIT UNION ACCOUNTS. THIS WILL ELIMINATE THE POSSIBILITY OF CHECKS BEING LATE, LOST OR STOLEN. YOUR FUNDS WILL BE AVAILABLE ON THE FIRST BUSINESS DAY OF THE MONTH. COMPLETE AND RETURN THIS FORM USING THE ENCLOSED ENVELOPE. PLEASE NOTIFY US OF ANY CHANGE IN YOUR FINANCIAL INSTITUTION AND KEEP US ADVISED OF YOUR CURRENT HOME ADDRESS.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(Please Print)

I hereby authorize the Graphic Arts Industry Joint Pension Trust (the Plan) to initiate credit entries (deposits) and if necessary, debit adjustment entries to my Checking or Savings account number listed below. This authority is to remain in full force and effect until the Plan receives written notification of termination.

Further, by signing this form below, I hereby authorize the bank named herein into which my deposits from the Plan are to be made to release information regarding my bank account in the event the Plan makes erroneous deposits into my bank account after my death.

Name: _____ Social Security #: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

Bank Name and Address: _____

Bank (9 digit) Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

Participant's Signature

Date

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**Graphic Arts industry Joint Pension Trust
Authorization Agreement for Direct Deposit
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1. JOINT ACCOUNTS: Your joint account holder(s) must complete this section. If there is more than one joint account holder, please contact the Plan Office for an additional Form. If there is NO joint account holder, see #2 below.

Name (s), address(es) and phone numbers of Joint Account Holder: _____

Home Phone #: _____ Cell Phone #: _____

Home Address: _____

I, a joint account holder with the pensioner in the Graphic Arts Industry Joint Pension Trust ("Plan") named herein who is receiving a monthly pension from the Plan, acknowledge that any direct deposit pension payments made into our joint bank account for any month after the death of the pensioner **are not my property** but are Plan assets and must be returned to the Plan. Further, I will attempt to contact the Plan immediately upon the death of the pensioner named herein to inform the Plan of the pensioner's death.

Signature: _____ Date: _____

2. NO JOINT ACCOUNT HOLDER: Sign below to affirm that there is no joint account holder.

Signature of Participant: _____ Date: _____

Please staple or otherwise attach a voided check in the space provided here. The check **MUST** be from the account where you want your funds to be deposited.

PLEASE KEEP IN MIND THAT COMMUNICATIONS VIA EMAIL OR THE INTERNET ARE NOT SECURE. ALTHOUGH IT IS UNLIKELY, THERE IS A POSSIBILITY THAT INFORMATION YOU INCLUDE IN AN EMAIL CAN BE INTERCEPTED AND READ BY PARTIES OTHER THAN THE PERSON TO WHOM IT IS ADDRESSED.

WE RECOMMEND THAT YOU SEND THIS DIRECT DEPOSIT FORM TO US THROUGH USPS OR UPS.