CHURCH PENSION GROUP
*Serving the Episcopal Church and Its People*

# DIRECT DEPOSIT AUTHORIZATION FORM

*Please complete the entire form if you wish to elect Direct Deposit. Be sure to include a **voided check** or a **savings deposit slip**. Make sure the information is accurate and complete.*

*I hereby authorize Pension Services to pay my monthly pension benefit by Direct Deposit. I further understand that I must notify you in writing of any changes or if I wish to discontinue Direct Deposit.*

## Payee Information (Please Print)

Social Security Number _____

Name _____
First Middle Initial Last

Mailing Address _____
Street City State Zip

Daytime Telephone Number (including area code)_____

## Financial Institution Information (Please Print)

*Please review the Direct Deposit Sample Check Illustration, which may assist you in completing this portion of the form. Or you may wish to visit or call your financial institution directly to verify the following information. Please note that it takes about 30-60 days to process your authorization request, if you do not complete all the information requested or provide inaccurate information it may result in additional delays.*

Please Indicate Type of Account ☐ Checking ☐ Savings

Name of Financial Institution _____

Mailing Address _____
Street City State Zip

Financial Institution's ABA Routing Number _____

Account Number _____

Telephone Number (including area code) _____

Payee Signature _____Date_____