



DIRECT DEPOSIT AUTHORIZATION FORM

- Use this form to have your benefit payments directly deposited into your bank account.
- Please complete a separate form for each employer plan account.

1 Payee Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Employer Plan Number</td> <td>Employer Plan Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Social Security Number</td> <td>Daytime Phone Number</td> </tr> <tr> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> <td><input type="text"/> - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center; font-size: small;">Area Code</td> </tr> <tr> <td colspan="2">Full Name</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td style="text-align: left; font-size: x-small;">Last</td> <td style="text-align: right; font-size: x-small;">First M.I.</td> </tr> </table>	Employer Plan Number	Employer Plan Name	<input type="text"/>	<input type="text"/>	Social Security Number	Daytime Phone Number	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		Area Code	Full Name		<input type="text"/>		Last	First M.I.
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2 Type of Authorization (select one)	<input type="checkbox"/> Initial Authorization <input type="checkbox"/> Other _____ <input type="checkbox"/> Change <input type="checkbox"/> Cancellation of Authorization (All future payments will be mailed to my permanent address on file at ICMA-RC.)																
3 Account Information	<p>Note that electronic direct deposit is currently not available for lump or one-time payments. If selected with any lump-sum option, a check will be mailed to your permanent address. If you already receive installment payments by direct deposit and select direct deposit on the One-Time Payment Form, your One-Time payment will be sent by direct deposit. Do not complete this form unless your bank information has changed and be aware that submitting this form will cause your payment to be issued as a check. ICMA-RC can only direct deposit to bank account information already on file.</p> <p>Please contact your bank to confirm this information. Incorrect information will delay electronic deposit processing. Also, please note that the first payment may be issued as a check rather than an electronic deposit. All subsequent deposits will be completed electronically. Please attach a voided check or deposit slip.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Financial Institution's Routing Number</td> <td style="width: 50%;">Financial Institution's Telephone Number</td> </tr> <tr> <td><input type="text"/></td> <td>(<input type="text"/>) - <input type="text"/> - <input type="text"/></td> </tr> <tr> <td>Type of Depositor Account</td> <td><input type="checkbox"/> Checking <input type="checkbox"/> Savings</td> </tr> <tr> <td colspan="2">Depositor Account Number</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2" style="font-size: x-small;">(See reverse side for a sample to help you locate your account number on your check or deposit slip.)</td> </tr> <tr> <td colspan="2">Name of Financial Institution _____</td> </tr> </table>	Financial Institution's Routing Number	Financial Institution's Telephone Number	<input type="text"/>	(<input type="text"/>) - <input type="text"/> - <input type="text"/>	Type of Depositor Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Depositor Account Number		<input type="text"/>		(See reverse side for a sample to help you locate your account number on your check or deposit slip.)		Name of Financial Institution _____			
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4 Participant/ Beneficiary Authorization	<p>I hereby authorize the VantageTrust Company (hereinafter called the "Trust") to credit the above referenced account for any amount owed to me for retirement benefit payments. This authorization agreement is to remain in full force and effect until the Trust has received written notification from me of its termination in such time and in such manner as to afford the Trust and depository a reasonable opportunity to act on it. This authorization agreement may also be terminated by the Trust.</p> <p>In the event that the Trust notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Trust as soon as possible.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Participant/Beneficiary Signature _____</td> <td style="width: 40%;">Date _____</td> </tr> </table>	Participant/Beneficiary Signature _____	Date _____														
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Please attach a voided check or deposit slip here.



DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

Most of the information needed to complete Section 3 can be found as follows:

- A. Be sure current address is shown
- B. Financial institution's routing number for direct deposit. Please call your bank to verify this number is correct for direct deposit. **If the number is not correct, it will result in delays.**
- C. Your account number

JOHN AND JANE DOE
1234 Main Street
Anytown, WA 11111

19 12-345/678

345

Pay to the order of \$

Dollars

First National Bank
of Anytown, WA
Anytown, WA 11111

Memo

!123456789 I: 123 456 7" 345

A

B

C