

GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST  
25 LOUISIANA AVE NW  
WASHINGTON DC 20001  
PHONE: 202/508-6670  
FAX: 202/508-6671

NOTE: BENEFIT RECIPIENTS ARE NOW REQUIRED TO HAVE THEIR MONTHLY PAYMENTS TRASMITTED 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 Trust) 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 Trust receives written notification of termination.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank (9 digit) ABA No. \_\_\_\_\_

My Account Number is: \_\_\_\_\_ Checking  Savings

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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.