

**GRAPHIC ARTS INDUSTRY JOINT PENSION TRUST  
3060 WILLIAMS DRIVE, SUITE 401  
FAIRFAX, VA 22031  
PHONE: (571) 800-1860 • 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 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 #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Bank (9 digit) Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_  Checking  Savings

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

Signature: \_\_\_\_\_ 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 FAX OVER THE INTERNET ARE NOT SECURE. ALTHOUGH IT IS UNLIKELY, THERE IS A POSSIBILITY THAT INFORMATION YOU INCLUDE IN AN EMAIL OR FAX 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.**