



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION PAYMENTS

Please Check One ☐ **New** ☐ **Change**

I (we) hereby authorize and request PenChecks Trust to make payment of amounts owed to me (either of us) for my (our) pension by initiating credit entries to my (our) checking or savings account indicated below in the bank or institution named below, hereinafter called BANK.

Bank Name

Bank Transit Routing Number

Pensioner's Bank Account Number

☐ **Checking** ☐ **Savings**

PLEASE PROVIDE A COPY OF A VOIDED CHECK.

It is understood that this agreement may be terminated by (either of us) at any time by written notification to PenChecks Trust. Any such notification shall be effective only with respect to entries initiated by PenChecks Trust after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) hereby authorize PenChecks Trust to debit my (our) account for amounts in error not to exceed the original credit or for any payments made to BANK as of due date subsequent to the death of myself (either one or both of us). I (we) agree that PenChecks Trust shall have the right to require from time to time evidence that I (we) am (are) living.

Pensioner's Name (Please Print)

Pensioner's Social Security Number

Roman Catholic Archdiocese of Boston

Pensioner's Signature

Name of Former Employer

Please Mail to:
PenChecks Trust
ATTN: Recurring Benefits Department
8580 La Mesa Blvd., Suite 101
La Mesa, CA 91942

Email to: recurringbenefits@penchecks.com
Fax Number: 619 567-8084
Phone #: 800 541-3938