

Alaska Electrical Pension Plan
2600 Denali Street, Suite 200
Anchorage, AK 99503-2782
(907) 276-1246 • (800) 478-1246 • FAX (907) 278-7576
www.aetf.com

DIRECT DEPOSIT AUTHORIZATION

This authorization is a condition of benefit payment that *must* be completed and returned with your retirement application.

Please note: If you're already receiving a monthly benefit amount, this form may be used to update your bank information.

PAYEE INFORMATION

First Name Initial Last Name

Social Security Number

BANK INFORMATION

Bank Name Transit/Routing Number

Bank Address City State Zip

Please indicate: Checking Account or Savings Account _____
Account Number

AUTHORIZATION

I hereby request and authorize the Alaska Electrical Pension Plan to electronically transfer my monthly retirement income benefit to my bank. This request is to remain in effect unless I revoke this election in writing. I am aware that all deposits are made in accordance with the PC/ACH Service Agreement, and the rules of the Automated Clearing House as currently in affect.

Signature Date

PLEASE ATTACH A VOIDED CHECK HERE