

**Alaska Electrical Pension Plan**  
701 E. Tudor Suite 200  
Anchorage, AK 99503  
(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, this form may be used to update your bank information.

**This form will need to be received by the 15<sup>th</sup> of the month to ensure your next benefit payment is issued as a direct deposit. Failure to return this form by the 15<sup>th</sup> of the month will result in your benefit payment being mailed to your bank in the form of a physical check and your benefit may not be deposited in your bank account on the 1<sup>st</sup> of the month.**

### PAYEE INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Last 4 digits of Social Security 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

### BANK INFORMATION

\_\_\_\_\_  
Bank Name

Checking Account  or Savings Account

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Transit/Routing Number

\_\_\_\_\_  
Account Number