

Authorization Agreement for Direct Deposit of Pension Payments

BMO Harris Bank N.A. is pleased to offer you the availability of Automated Clearing House (ACH) for benefit payments that you receive.

ACH means that checks are not physically mailed; instead, funds are deposited to your designated financial institution account through a wire transfer. Our ACH Service ensures your benefit will be deposited on the payment date and eliminates concerns about your check being subject to postal delays. As a result, you will have use of the funds on the payment date.

To use this service or change your designated financial institution or account, complete the form below and return it to us at the address below. If completed correctly, you will become a part of the ACH System within 30 days. If your financial institution is not an ACH member, a physical check will be sent for deposit to your designated account.

Name of Former Employer		
		y request that until my written notice is received by BMO o my account at the institution designated below:
Bank Name:		
Bank Address:		
City, State & Zip:		
For Deposit To: Account Number		Type of Account (checking or savings)
Bank Routing Number:(First nine digits lo	ocated on personal che	
		ng or after my lifetime, I hereby authorize the institution uch overpayment to the BMO Harris Bank N.A.
Name of Participant (Please Print)		Participant Street Address
Signature of Participant (If POA provide POA papers)		City, State and Zip Code
Social Security Number of Participant		Signature of Joint Account Holder
Home Phone Number		
Please return this completed form to:		pringfield in Illinois nsurance Department