# Timber Operators Council Retirement Plan & Trust

6825 SW Sandburg Street, Tigard, OR 97223 Phone: 800.733.8621 Fax: 503.620.3935 retirement@toc.org

## Direct Deposit Authorization Form

### Direct Deposit Convenience

We are pleased to offer you the convenience of having your retirement benefit check directly deposited into your checking or savings account. This service is voluntary and *free*. With direct deposit you will:

- Not have to worry if the mail is on time.
- Know your money is deposited to your account even if you're on vacation, out-of-town or ill.
- Eliminate the risk of lost, stolen or forged checks.
- Save time with fewer trips to the bank.

On the first business day of the month, your account automatically will be credited with your retirement benefit. Your money will be available to you that day without waiting for mail delivery. The amount of your retirement benefit deposit will appear on your bank statement. Direct deposit is safe, convenient and easy.

To take advantage of this service, complete this authorization form and return it to the Timber Operators Council Retirement Plan. All you need to do is:

- Fill in your name, Social Security number and the name of your bank and branch.
- ***Attach a voided check*** (or a deposit slip for a savings account) for verification of all financial institution information. If you are unable to attach a voided check (or savings account deposit slip), please fill in your account and transit routing number.
- ***Sign and date this form.***

### AUTHORIZATION FOR DIRECT DEPOSIT

Retiree Name: _____

Social Security No: ____-____-____ Home Telephone: (____) _____

Financial Institution Name: _____

Branch: City: _____ State: _____ Zip code: _____

Account Number: _____ Type (check one): ☐Checking ☐Savings

Ownership of Account (check one): ☐Self ☐Joint ☐Other _____

Names of Others on Account (if applicable): _____

*I hereby authorize the Timber Operators Council Retirement Plan and Trust (the Plan) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated above and the depository named above (the Depository), to credit and/or debit the entries to such account. This authority is to remain in full force and effect until the Plan has received notification from me of its termination. I understand this notification must be submitted in accordance with applicable administrative procedures and in such time as to allow the Plan to process the change.*

Signature:_____ Date: __/__/____

**Transit Routing** ☐☐☐☐☐☐☐☐☐

**Account Number** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐