



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please complete this form, attach a check where appropriate, sign, and mail it to the address below.

I hereby authorize the Central Pension Fund to initiate credit entries (deposits) and, if necessary, debit adjustment entries to my checking or savings account as indicated below to the depository financial institution, hereinafter called DEPOSITORY, named below. Please write inside the boxes when filling out this form.

Name of Bank/Depository _____

Street Address of Bank _____

City	State	Zip	Phone Number
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Select Account Type:

ATTACH VOIDED CHECK HERE

Checking Account:

If you wish to have your check deposited to your checking account, you must attach a voided check to this form. To void a check, merely write VOID across the face of a check from your account.

Savings Account:

If you wish to have your check deposited to your savings account, you must provide your account number and your account's nine digit Transit/ABA number. You can obtain these numbers from your bank.

Transit/ABA# (Must be 9 digits) _____

Account Number _____

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This authorization is to remain in full force and effect until Central Pension Fund has received written notification from me of its termination and a reasonable amount of time for the Central Pension Fund and the Depository an opportunity to act on it. (If any of the information listed below is incorrect, please correct it.)

Recipient Information:

Name:	Last 4 of SSN:
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Street Address: _____

City:	State:	Zip:	Phone Number:
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Recipient Signature

Date

Mail to: Central Pension Fund
 4115 Chesapeake Street NW
 Washington, DC 20016