

# Authorization of Direct Deposit of Pension Benefit



Account Number:

Account Name:

## Customer Information

First Name:

Last Name:

Suffix:

Social Security Number:

Phone Number:

Email address:

## ACH Address

Transit / Routing Number:

Payee / Financial Institution:

Account Type:  Checking  Savings

Account Number:

## Foreign Financial Institution Information

Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions.

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign institution through the ACH network, on the same day that it is deposited into your account?

Yes  No

Signature

Date

Upon completion of this form, please sign with today's date, and return to:  
Comerica Pension Services, PO Box 254706, Sacramento, CA 95865-4706 OR fax to: 916.384.2134