

HAMDEN EMPLOYEES RETIREMENT PLAN

2750 Dixwell Avenue
Hamden, CT 06518

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PENSION PAYMENTS

Please fill in top section, sign, and bring to your bank to complete bottom section. Then return to the Plan.
Authorization Agreements must be filed by the 15th of the month
to become effective on the first of the following month.

Pension Recipient's Full Name:	
Pension Recipient's Social Security No:	
Home Phone Number:	()

I hereby authorize the direct deposit of my net pension payment into the account and financial institution indicated below. Such direct deposit will be made on each succeeding payment date, unless I choose to terminate this agreement in writing to the Plan. In the event that the Plan deposits funds erroneously into my account, I authorize the Fund Office to debit my account for an amount not to exceed the original amount of credit.

Pension Recipient's Signature:	Date:
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TO BE COMPLETED BY BANK PERSONNEL (REQUIRED):

NAME OF FINANCIAL INSTITUTION:
ADDRESS OF FINANCIAL INSTITUTION:
DEPOSIT TO ACCOUNT NUMBER:
ABA TRANSIT NUMBER:
THIS ACCOUNT IS: CHECKING <input type="checkbox"/> or SAVINGS <input type="checkbox"/>
Signature of Banking Institution Representative:
Printed Name of Bank Representative:
Bank Phone Number: () Ext.

IMPORTANT: A VOIDED (OR CANCELED) CHECK (for checking account deposit) or SAVINGS ACCOUNT DEPOSIT SLIP **MUST BE ATTACHED** TO THIS FORM.