



RCAB PENSION PLAN DIRECT DEPOSIT AUTHORIZATION FORM

You may choose to have future RCAB Pension Plan monthly payments directly deposited into your bank account by completing and signing this authorization form. Please allow up to **15 business days** for this change to be processed. If you have any questions, please call the Benefits Office at (617) 746-5640 or email us at benefits@rcab.org.

Authorization

I hereby authorize the Roman Catholic Archdiocese of Boston Pension Plan to deposit my monthly pension check directly into my bank account (listed below). If funds to which I am not entitled are deposited into my account, I hereby authorize my financial institution to withdraw these funds from my account.

This authorization shall remain in effect until which time I have cancelled it in writing.

Full Name: _____

Social Security Number: _____

Name of Bank or Financial Institution: _____

Type of Account (Please check one):

- Checking Account*
- Savings Account

ABA Routing Number: _____

Account Number: _____

*** Please attach a voided check for accurate processing of your request.**

Note: Failure to provide correct information and/or update existing information may result in a delay in processing or your inability to access your funds. "In-transit" funds (e.g., due to closed accounts, incorrect bank or account numbers, etc.) are not available until notification is received from the Plan's bank confirming receipt of return.

Also, please be advised that banks are allowed up to five (5) business days to return electronic funds, thereby possibly resulting in a delayed receipt of your funds.

Signature

Date

Completed forms can be returned to the RCAB Benefits Office:
Mail: 66 Brooks Drive, Braintree, MA 02184
Fax: 617-779-4567