

# STEELWORKERS PENSION TRUST

Fund Office: **Zenith American Solutions, Inc.**, Two Gateway Center, 603 Stanwix St., Ste 1500, Pittsburgh, PA 15222-1024  
Phone: 1-800-848-1953 / Fax (412)471-0944

## DIRECT DEPOSIT AUTHORIZATION

### PARTICIPANT INFORMATION:

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### ACCOUNT INFORMATION:

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name (s) of account holder \_\_\_\_\_

Bank Routing (ABA) Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type:  Savings  Checking (If using a checking account, please attach a voided check)

**It is the Trust's policy to disburse all retroactive and initial payments in paper check form. This means your initial monthly check and your retroactive payment (if applicable) will be mailed to your address and your direct deposit will start the following month.**

I (we) hereby authorize Steelworkers Pension Trust to deposit my benefit payment into the account provided above, and for the financial institution to credit my account as described. This authorization is to remain until the Trust receives notification that I (we) would like to terminate this method of payment. In the event that the Trust notifies the financial institution that funds to which I was not entitled to were sent inadvertently, I (we) authorize that the funds are to be returned to the Trust as soon as possible.

### **PLEASE RETURN TO THE TRUST AT:**

Fund Office: **Zenith American Solutions, Inc.**, Administrator  
3 Gateway Center, 401 Liberty Ave., Ste. 1200, Pittsburgh, PA 15222-1024  
Phone: 1-800-848-1953

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***If a joint account, both parties must sign.***