



BENEFIT PLANS

MEBA MEDICAL & BENEFITS PLAN

MEBA PENSION TRUST

MEBA TRAINING PLAN

MEBA VACATION PLAN

1007 EASTERN AVENUE, BALTIMORE, MARYLAND 21202-4345 • (410) 547-9111

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFITS

I, the Participant, authorize the MEBA Pension Plan and the designated Bank to automatically deposit my Pension benefit to my bank account each month. If funds to which I am not entitled are deposited to my account, I authorize the MEBA Pension Plan to direct the Bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

I understand that the MEBA Pension Plan will require periodic verification of my signature. I will cooperate fully in meeting these requirements.

If this is a joint or tenant in common account with any other person including but not limited to my spouse, the Participant and any other such signatory agree to hold harmless, release, waive and forever discharge the MEBA Pension Plan with respect to any use, alienation or hypothecation by such other person, of funds deposited by the MEBA Pension Plan. The Participant and any other such signatory further agree and recognize that the direct deposit of the Participant's Pension Benefit to the designated account confers no rights or privileges either contractual or by operation of law to any joint account holder or tenant in common in such account and such other signatory further agrees to the immediate notification to the MEBA Pension Plan and termination of such direct deposit on the death of the Participant.

PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE FOR PENSION PURPOSES

Your Name: _____
(Please Print)

Your Address: _____
No. Street

Your Social Security Number: _____

Your Telephone Number: _____
(Area Code)

Your Signature: _____ Date: _____

Joint Signature Name: _____ Date: _____
(If Applicable)

Joint Signature: _____ Date: _____
(If Applicable)

PLEASE SEE OTHER SIDE

THE FOLLOWING SECTION MUST BE COMPLETED BY YOUR BANK

The Bank hereby agrees to accept the direct deposit of the Participant's monthly Pension checks under the terms and conditions outlined on the front of this form. The Bank further certifies that the signature of the Participant and the joint account holder or tenant in common (if applicable) appearing on the front of this form is/are the true signature(s) of the pensioner(s) named.

Bank Name: _____
(Please Print)

Bank Address: _____
No. Street

City State Zip

Account Name: _____

Account Number: _____

Type of Account: _____

Transit Routing Number: _____

Bank Officer: _____
(Please Print Name)

Title: _____

Signature: _____

Date: _____ Telephone: _____

Please return this form and direct any inquiries to:

**DIRECT DEPOSIT PROGRAM
MEBA Pension Plan
1007 EASTERN AVENUE
BALTIMORE, MD 21202**