



TRUSTEE REIMBURSEMENT - DIRECT DEPOSIT FORM

Pension Fund Name: _____

Trustee Name: _____

Daytime Phone: _____

To verify your bank information, please include a copy of a voided/blank check with this form to the Accounts Payable Team via email or fax.

Primary - Bank Account

Check the type of change that is required:

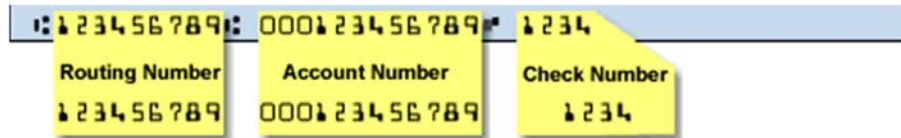
New Account Change Bank Information

Bank Name: _____

ABA/Routing # (9 Digits): _____

Account #: _____ Type: Checking or Savings

(Do not use Deposit Slip)



I hereby authorize Lauterbach & Amen, LLP, as agents of the above referenced Pension Fund, to deposit my trustee reimbursement directly into the bank accounts of my choice as specified above. I understand this authorization is to remain in force until Lauterbach & Amen has received written authorization from me to cancel or change this information.

Signature: _____

Date: _____

Email Address: _____

Please return: via email at ap@lauterbachamen.com