

The Budd Company Retirees Help Line 1-888-345-2833

Mellon Bank ELECTRONIC FUNDS TRANSFER AUTHORIZATION

If you are able to provide appropriate bank information for direct deposit please fill in below and ignore BANK SECTION.
If you are unsure of the bank information required, please have your bank fill out BANK SECTION.

I, the undersigned benefit recipient _____ (print name), whose address is _____ (street, city, state and zip code),
authorize the monthly pension payable to me under the terms of the Plan(s) to be electronically transferred through the Automated Clearing House ("ACH") to the listed bank: **This remains in effect until canceled in writing.**

(Bank Name)

(Bank Street)

(Bank City, State and Zip Code)

Checking: _____ or Savings: _____
(Your account number) (Your account number)

Bank ACH Routing/Transit Number-(first 9 digits in lower left hand corner) _____

Print Name

Social Security Number

Signature

Telephone Number

Former Employer (Receiving Pension From)

Date Signed

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name

Deceased Retiree's Social Security Number

BANK SECTION – TO BE COMPLETED BY YOUR BANK ONLY IF YOU ARE UNSURE OF THE BANK INFORMATION REQUIRED

The bank agrees to refund to the Trustee any payment or payments received and credited to the account in error or subsequent to the date of his/her death, to the extent funds are available in the account.

By: _____ (Bank Representative's Signature)

Print Name and Title: _____

Dated: _____ Bank's Telephone Number: (____) _____

Bank's ACH Routing/Transit number: _____

RETURN COMPLETED FORM TO: BOS Benefit Center - Budd
3149 Haggerty Highway
Commerce Twp, MI 48390-1724
Fax No: 248-926-6806 Phone No: 1-888-345-2833