



CBERA
100 River Ridge Drive, Suite #102
Norwood, MA 02062
781-551-8500

DIRECT DEPOSIT AUTHORIZATION FORM (FOR MONTHLY ANNUITY PAYMENTS ONLY)

_____	_____
Print Name	Last Four Digits of Social Security Number
_____	_____
Day Time Phone Number	Email Address

Please elect one of the following payment options, sign and return your form to CBERA at the address above via US Mail, FAX (781 551-8522) or via password protected PDF sent via email to info@cbera.com.

OPTION I – DIRECT DEPOSIT

I, the benefit recipient, authorize the monthly pension payable to me under the terms of Defined Benefit Pension Plan to be electronically transferred through the Automated Clearing House (“ACH”) to:

Bank Name	

ACH Routing Number	
or	
_____	_____
Checking Account Number	Savings Account Number

I will notify CBERA of any changes in the above account information in writing by completing and returning an updated Direct Deposit Authorization Form.

OPTION II – US Mail

I do not wish to have my monthly annuity checks sent via Direct Deposit, please send checks to my address of record via regular mail.

Any payments made after my death, or paid in error while alive, are trust funds to be held in trust for the benefit of the Plan and must be returned to the plan.

To revoke or change these instructions, I will notify CBERA in writing.

_____	_____
Signature	Date