

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize the PIPELINE INDUSTRY PENSION FUND, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

\_\_\_\_\_  
BANK NAME:

\_\_\_\_\_  
BANK ADDRESS:

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
BANK PHONE:

\_\_\_\_\_  
ROUTING NUMBER:

ACCOUNT NUMBER: \_\_\_\_\_  Checking  
 Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
NAME: \_\_\_\_\_ SOC SEC NUM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH A COPY OF A VOIDED PREPRINTED CHECK HERE:**

RETURN THIS FORM TO:

**PIPELINE INDUSTRY PENSION FUND FAX 918-280-4899  
PO BOX 470950  
TULSA, OK 74147-0950**

-----  
This form MUST be notarized if any of the following apply:

- 1) Check copy attached has no name on the account or is not in retiree's name
- 2) No check copy is attached

**NOTARY PUBLIC**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

SS:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_ and

\_\_\_\_\_ to me known and known to me to be the person(s) described in and who executed the above statement(s) and he/she/they duly acknowledge to me that he/she/they executed the same.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
My Commission Expires