



**DISTRICT 9 INTERNATIONAL ASSOCIATION OF MACHINISTS AND  
AEROSPACE WORKERS PENSION TRUST**

**DEBIT AUTHORIZATION FORM**

I (we) hereby authorize *District 9 International Association of Machinists and Aerospace Workers Pension Trust* (hereinafter "*Pension Trust*") to initiate entries to my checking/savings account at the financial institution listed below and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the *Pension Trust* is notified by me (us) in writing to cancel it in such time as to afford the *Pension Trust* and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Your Financial Institution)

\_\_\_\_\_  
(Address of Your Financial Institution - Branch, City, State & Zip)

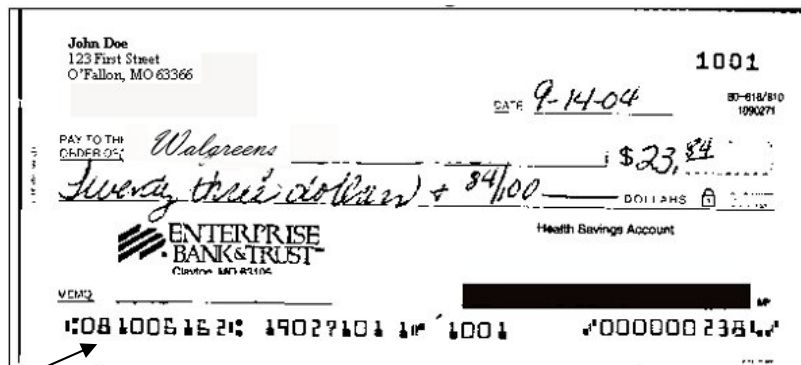
\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

Monthly Amount: \_\_\_\_\_ Checking/Savings Account Number: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

(Look between these symbols **⑆** **⑆** on the bottom left of your check)



Routing Number

I understand I may end this arrangement at any time simply by notifying the Administrative Manager's office.

X \_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date