

Monterey Culinary Pension Fund

702 Forest Avenue, Suite C

Pacific Grove, CA 93950

Phone: (831) 375-3468

Fax: (831) 375-4712

Authorization And Agreement

for Electronic Deposit of Pension Checks

Last Name	First	MI	Social Security #
Daytime Phone Number	Email	Employee ID No.	

I hereby authorize and direct Monterey Culinary Pension Fund to electronically transmit all future Annuity payments due me as Payee under Monterey Culinary Pension Fund to the Financial Institution and account number listed on the voided check/savings deposit provided by me to the Trust Fund.

If any such payments shall have been made, the due date of which is after my death or an error resulting in overpayment, I hereby authorize my Financial institution to refund the amount of such overpayment to Monterey Culinary Pension Fund-702 Forest Avenue, Pacific Grove, CA 93950.

Signed at _____ on _____ 2026
City/State _____ Date _____

Witness Signature _____ Name _____

Address of Witness _____

Deposit To Checking Account

I wish to have my pension check deposited to my checking account. My voided check is attached below.

**Attach your Voided
Personalized Check Here >**

**If you do not have a
voided check or a checking
account, please
provide a copy of your
recent savings account
statement.**

Retiree Name 123 Anystreet Anytown, CA 00000 1234
00-0000/0000

PAY TO THE ORDER OF _____ \$ _____ DOLLARS

Bank Name 123 Anystreet Anytown, CA 00000

MEMO _____

00000000 000000000000 0000

VOID

Deposit To Savings Account

I wish to have my pension check deposited to my savings account. My savings account number and the savings institution's ABA number are as indicated below

Savings Institution ABA Number

Savings Account Number

Participant Signature _____ Date _____