

Direct Deposit Authorization

This form represents authorization for The Charles Schwab Trust Company ("CSTC") to make periodic payments to your account at a bank or other financial institution by:

from CSTC Account: Tredyffrin Township Police Pension Plan
 CSTC Account Number: 800795

Please type or print the required information about the account where you want your periodic payments deposited.

Name and Address of Financial Institution	
Account Number	
Account Type (Please check one)	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <<Please make sure your account is set up to receive ACH's>>
Bank Routing Number (9 digits)	
Social Security Number on the account	
Primary Name on the account	
Joint Account holder's name	
Street Address on the account	
City, State and Zip	

NOTE: Please attach a deposit ticket with your account number and **bank routing number** on it. If your deposit tickets do not have your account number on them, please attach a voided check.

This request will remain in effect until cancelled by written notice

Participant Signature

Date