

# SEIU Local 1 & Participating Employers Pension Trust

111 E. Wacker Drive, 17<sup>th</sup> Floor  
Chicago, IL 60601

Telephone (312) 233-8877  
Fax (312) 233-8839

## DEPOSITORY AGREEMENT

I, \_\_\_\_\_, hereby authorize and direct the **AMALGAMATED BANK OF CHICAGO** to

Payee (Please Print)

issue all funds (for payments due to me under the **SEIU Local 1 & Participating Employers Pension Trust**) to the

order of \_\_\_\_\_ (hereinafter referred to as "Bank") whose mailing address is

Name of Payee's Bank

\_\_\_\_\_

Street Address

City

State

Zip

telephone number is (\_\_\_\_\_) \_\_\_\_\_, Routing Number \_\_\_\_\_ for deposit

(Required)

to my \_\_\_\_\_ account, \_\_\_\_\_ and I agree that all funds so

Type of Account (i.e., checking, savings)

(Account Number)

issued shall be full in payment, satisfaction and discharge of any amount so due me. Any funds so issued are to be

electronically transferred to said **Bank**. If any such payment shall be made, the due date of which is subsequent to my

death, I hereby authorize and direct said **Bank** to refund the amount of such payment to the **AMALGAMATED BANK**

**OF CHICAGO** and charge the same to my account. In addition, if the mailing address or account number above is

changed, I shall be responsible for giving **SEIU Local 1 & Participating Employers Pension Trust** written notice of

such change at 111 E. Wacker Drive, 17<sup>th</sup> Floor, Chicago, IL 60601.

I reserve the right to revoke or cancel this authorization, such revocation or cancellation to be effective only upon receipt

of written notice to that effect at the **SEIU Local 1 & Participating Employers Pension Trust**.

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Witness \_\_\_\_\_ Payee Signature \_\_\_\_\_

### TO BE COMPLETED BY PAYEE'S BANK

The terms of this Depository Agreement are noted and in consideration of payments thereunder being made to us, we agree to refund the **AMALGMATED BANK OF CHICAGO** any payment received in accordance with this Depository Agreement, the due date of which is subsequent to the death of the payee whose name appears above. This Depository Agreement constitutes a "master agreement" (or part thereof) pursuant to Section 4.7 of the National Automated Clearing House Association Rules, and in accordance therewith, expressly alters, amends and supersedes the liability provisions of such Section with respect to the above named payee.

Date \_\_\_\_\_

Seal

Bank

By \_\_\_\_\_

Officer

**PLEASE RETURN COMPLETED FORM TO FUND OFFICE**  
**(Please photocopy for your records if needed)**

