



American Maritime Officers Pension Plan

2 West Dixie Highway, Dania Beach, FL 33004
Phone: 800-348-6515 Ext 14
Fax: 954-922-7539

For AMO Pension Plan Use Only
Received Date: _____
Received By: _____

METHOD OF PAYMENT AUTHORIZATION

Note: Complete this form to authorize the method of payment for Pension benefit and return to Plan Office. Payment will only be processed if applicant is the account holder on the named bank account indicated below. Once you authorize direct deposit, this will be the primary method of payment. If any banking information changes, please complete a new Method of Payment Authorization form.

PLEASE PRINT

Pensioner or Survivor: _____ SS# _____
Last First MI

Telephone #: _____ Cell phone #: _____

Email Address: _____ Fax #: _____

Please select one of the following options to authorize the method of payment for Pension benefit

- START - Send current and future Pension benefit checks directly to the bank account I have selected (limit 1 account):
 - CHANGE - Change my financial institution and/or account number
 - STOP - Discontinue Direct Deposit and mail my Pension benefit check to the address on file with Plan Office.
- Type of Account: Checking OR Savings (If neither is marked, we will deposit to your checking account)

Checking Account Information

Bank Name: _____
Bank Address: _____
(No PO Boxes)
Bank ABA Routing #: _____
Your Account #: _____

Savings Account Information

Bank Name: _____
Bank Address: _____
(No PO Boxes)
Bank ABA Routing #: _____
Your Account #: _____

Must attach a voided check with name imprinted (no starter checks) if selecting Checking account.
Must attach deposit slip if selecting Savings account. In the event no other documentation is available, please provide a verification letter on bank letterhead with bank representative signature.
DO NOT STAPLE.

Please tape your voided check or deposit slip here

I hereby authorize the AMO Pension Plan to initiate deposits to the bank account indicated above. I authorize credit entries and, if necessary, debit entries or adjustments for any credit entries made in error to my account that I am not entitled to. This authority will remain in effect until the AMO Pension Plan receives a Method of Payment Authorization form discontinuing direct deposit.

Participant Signature _____

Date _____