

The Northern Trust Company
Benefit Payment Services P.O. Box 92950 Chicago, IL 60675-2950
Phone 312/557-2879

ELECTRONIC DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my periodic benefit payments from the Retirement Plan for Chicago Transit Authority Employees' benefit Plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize the Retirement Plan for Chicago Transit Authority Employees' to initiate debit entries and adjustments for any credit entries made in error to my Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to my Account.

(Please print one character in each box -- abbreviate if necessary)

1. SOCIAL SECURITY NUMBER

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2. PARTICIPANT NAME

FIRST	LAST

3. PARTICIPANT HOME ADDRESS

APARTMENT/DOOR NUMBER		
STREET		
CITY, STATE AND ZIP CODE		

4. FINANCIAL INSTITUTION NAME AND ADDRESS

NAME		
STREET ADDRESS		
CITY, STATE AND ZIP CODE		

5. ACCOUNT TYPE

CHECKING SAVING

6. BANK ROUTING NUMBER (contact your bank for this number)

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7. ACCOUNT NUMBER (15 numbers maximum)

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I understand that you will verify the information provided above and, in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of my benefit payments within 30 days of your receipt of this form. In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it. I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.

8. PARTICIPANT SIGNATURE: _____

DATE: _____

NOTARIZATION (Notarization needed only if form is submitted by Email, Fax or US Mail. An original form must be mailed to the office)

State of Illinois

County of _____.

Signed (or subscribed or attested) before me on _____

(Date) by _____

(Name of person) _____

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SEAL

Signature of Notary Public

