

SEIU Local 1 & Participating Employers Pension Trust

111 E. Wacker Drive, 17th 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
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, 17th 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**.

Payee Signature _____ Social Security Number _____ Date _____

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 **AMALGAMATED 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)