

Application for Electronic Direct Deposit

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

2. Financial institution information – Please provide the information in this section to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement or deposit slip. The sample check below shows the location of your nine-digit routing number and account number. **If you are unsure of the routing number or your account number, contact your financial institution.** You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

SAMPLE CHECK		Date _____	101
Pay to the Order of _____		\$ _____	
Memo _____			
●:012345678	1234567890	101	
Routing Number	Account Number	Check Number	

All fields required

Name(s) on the Account (Your name must be on the account)											
Routing Number							Account Number – Numbers only			Account Type	
										Checking	Savings
										<input type="checkbox"/>	<input type="checkbox"/>

3. Signature – I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

SIGNATURE

DATE