SAG-PRODUCERS PENSION PLAN

3601 W. Olive Ave., Burbank, CA 91505 • Mailing Address: P.O. Box 7830, Burbank, CA 91510-7830
P (800) 777-4013 • F (818) 973-4467 • www.sagaftraplans.org/sag-pension

Direct Deposit Authorization Form

Please complete this form to have your monthly pension benefit deposited directly to your bank account. Should you choose not to have direct deposit and do not have a bank account, the Plan can create a debit card for you through Skylight Financial. For more information, visit www.skylightpaycard.com. Your check will be mailed to your current address until the electronic deposit is accepted by your financial institution. You will be notified if your deposit is rejected.

Pensioner information

First name:	Middle :	Last :
Date of birth (MM/DD/YYYY):		Social Security number: - -
Address:		
City:	State:	Zip:
Email:	Phone:	

Account information

Financial institution name:	Phone:
Joint account holder(s), if applicable:	
Joint account: ☐ Yes ☐ No	Type of account: ☐ checking ☐ savings
Routing/transit number:	Account number:

Proof of account is required. *Enclose a voided check or bank statement with full name and account number.*

☐ Please check this box if you are electing the Skylight Debit Card option for the deposit of your pension benefit.

Authorization agreement

I/we authorize the Screen Actors Guild-Producers Pension Plan to make direct deposits and, if necessary, correct any such deposits by making adjustments to my account at the financial institution I/we have indicated on this form. I/we understand that written authorization will be required to make any changes or to stop the direct deposits. I/we authorize and instruct said financial institution to refund to the Screen Actors Guild-Producers Pension Plan an amount equal to any payments which, after my death, have been credited to my account and if applicable, to charge my account accordingly.

_____   _____
Participant or beneficiary signature   Date

_____   _____
Joint account holder signature (if any)   Date