

Section 1

Electronic Funds Transfer Authorization

Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

- NO, please proceed and complete section 2
- YES, please fill out the Financial Institution Information below, then proceed to section 2

Foreign Financial Institution Name: _____
Foreign Financial Institution Identification Number: _____
Foreign Financial Institution Address: _____

Section 2

Information on the benefit recipient

Name: _____ SSN: _____
Street Address: _____
City, State ZIP _____
Telephone Number: _____
Name of Former Employer/Plan Sponsor: _____

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: _____
Deceased Retiree's Social Security Number: _____

Please complete if you are receiving benefit payments from Comerica under more than one plan

- Please apply my direct deposit plan to all affected plans.
- Please only apply my direct deposit information to the following plan: _____

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the _____ plan
via the Automated Clearing House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: _____
US Financial Institution Address: _____
US Financial Institution's ACH Routing/Transit Number _____
 Checking Savings Account Number _____

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.

Retiree/Beneficiary's Signature: _____