



# MASTER PENSION TRUST

*DIRECT DEPOSIT OF YOUR PENSION PAYMENT . . . SAFE, EASY AND CONVENIENT FOR YOU!*

This form must be completed to have your pension payment electronically transferred to your designated bank account. When your pension payment is electronically deposited, your check will always be in your account on your payment date. You won't need to wait in long teller lines or worry about your pension check when you are away from home. It's safe, convenient and easy for you.

Simply complete the Authorization and return it to the address shown below, **along with a voided check**. If the Authorization is received by the Benefits Service Center by the 15th of the month, your direct deposit to your bank account will begin the following month. If the completed form is received after the 15th, the direct deposit will be delayed a month. You will not receive a Notice of Deposit statement each month. You should review your bank statement to confirm the direct deposit of your pension payment.

Enjoy the security of your pension payment being there when you need it – complete this form and return it to Cleveland Cliffs Steel today:

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT CLEVELAND CLIFFS STEEL RETIREMENT PAYROLL (PLEASE PRINT ALL INFORMATION)

### PARTICIPANT DATA

Name \_\_\_\_\_ Social Security Number (last 4 numbers) \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### ACCOUNT INFORMATION

I request that my pension payment be deposited to the following account (select one):

\*Checking Account # \_\_\_\_\_ Routing #: \_\_\_\_\_

Savings Account # \_\_\_\_\_ \*\*Routing #: \_\_\_\_\_

**\*Please attach a voided check for deposit to your Checking Account. Do not include a deposit form for your Checking Account.**

**\*\* Please provide the Bank Routing Number for your Savings Account. Contact your Bank for this information.**

Name of Bank: \_\_\_\_\_

### AUTHORIZATION SIGNATURE

I authorize the direct deposit of my net pension payment from the Cleveland Cliffs Steel Master Pension Trust into the account indicated above. I understand that Direct Deposit will be made to my bank account each month. Direct Deposit will become effective following receipt of this Authorization.

In the event that funds are deposited erroneously into my account, I authorize the Cleveland Cliffs Steel Master Pension Trust to debit my account for an amount not to exceed the original amount of the credit.

Sign and send this Authorization Agreement for Direct Deposit to: Cleveland Cliffs Steel, Benefits Service Center, 9227 Centre Pointe Drive, West Chester, OH 45069, fax to 513-425-2462, or email to retiree.assistance@clevelandcliffs.com

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ADMINISTRATIVE USE

Benefits Administrator \_\_\_\_\_ Date \_\_\_\_\_