

Attn: EBOPS  
PO Box 413617  
Kansas City, MO. 64141-3617

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

**I authorize COMMERCE BANK to deposit my net Retirement Plan benefit directly into my checking/savings account at**

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**Name of Bank**

**YOU MUST ATTACH A VOIDED CHECK-NO DEPOSIT SLIPS. YOUR BANK'S ROUTING NUMBER AND ACCOUNT NUMBER APPEARS ON THE FRONT OF YOUR CHECK AND IS NECESSARY TO PROCESS THIS REQUEST.**

I understand that if I wish to cancel this Authorization Agreement ("Agreement") or change banks or accounts, I must notify Commerce Bank at least 15 days in advance of the change. I also agree to report any discrepancies to Commerce Bank immediately. I agree that all entries made under this Agreement shall be governed by the rules of the NACHA (National Automated Clearing House Association) and applicable laws. Commerce Bank reserves the right to discontinue or cancel this Agreement at any time, without prior notice.

I understand that by signing this Agreement, I, both for myself and my heirs, executors and assigns, and each joint account holder, if any, consent to allow Commerce Bank to debit my account with Bank in order to recover any payments to which I was not entitled for whatever reason, (including, for example, without limitation, death of the recipient or the depletion of the recipient's account balance to zero). This means of recovery shall not prevent Commerce Bank from utilizing any other lawful means to retrieve payments to which I was not entitled including interest, plus any costs of collection, including reasonable attorney's fees, if permitted by law.

I understand that this authorization will remain in full force and effect until I notify Commerce Bank in writing or by phone that I wish to revoke this authorization. I understand that Commerce Bank requires at least 5 business day's prior notice in order to cancel this authorization.

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Recipient's Name (Type or Print)

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Recipient's Signature

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Street Address

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Social Security Number

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City, State, Zip Code

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Phone number

Name of Retirement Plan: **Employers & Laborer's Local 100/397 Pension**    Date \_\_\_\_\_

Please, check one    For Checking Account \_\_\_\_\_

For Savings Account \_\_\_\_\_

**ATTACH YOUR VOIDED CHECK HERE With your Bank Routing Number and Account Number**