

AUTHORITY TO DEPOSIT CHECK

To: Pension Office
Battelle Memorial Institute
505 King Avenue - Room A 253
Columbus, Ohio 43201-2693

Please deposit future pension checks in

Account Number _____

Bank _____

Address _____

Signature

Month Day Year

Social Security Number

(Attach Blank deposit slip here)

Note: Your bank account must be opened by you before deposit of your first check.

This form must be in the Pension Office by the 15th of the month to be effective the following month.

Please be aware that you will receive a check the first month that this direct deposit is effective.