



SMART Transportation Division
6060 Rockside Woods Blvd. N.,
Ste. 325
Independence, OH 44131-2378
Phone: 216-228-9400
Fax: 216-227-5209

AUTHORIZATION FOR AUTOMATIC TRANSFERS

I hereby authorize the SMART Discipline Income Protection Plan (DIPP), hereinafter called the PLAN, to deposit into my checking or savings account as directed and, if necessary, to adjust or reverse a deposit for any payment entry made to my account in error for any amount payable to me as allowed by the PLAN and as a result of my discipline claim.

Member Name: _____ Phone: _____ Local: _____
(Please Print)

Bank Information

BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

CHECKING ☐ SAVINGS ☐

NAME ON ACCOUNT: _____
(Please Print)

ACCOUNT NUMBER: _____

ROUTING/ABA NO.: _____

SIGNATURE: _____

DATE: _____

This authorization will remain in full force and effect until further notice to the PLAN by written notification from me in such time and in such manner as to afford the PLAN and DEPOSITORY a reasonable opportunity to act on it. It is also understood that direct deposits will be terminated upon death or separation from the PLAN.

PLEASE ATTACH A VOIDED CHECK.