

Retiree Help Line 1-800-647-3674

Section 1 ELECTRONIC FUNDS TRANSFER AUTHORIZATION

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

United States Financial Institution Name: _____

United States Financial Institution Address: _____

PRIMARY ACCOUNT TYPE	ACCOUNT NUMBER	ROUTING NUMBER	AMOUNT
<input type="checkbox"/> Checking <input type="checkbox"/> Savings			Net Balance

If you would like your benefit deposited to more than one account, complete the following and specify the dollar amount to deposit to each account below. The primary account listed above will receive the remainder of your benefit.

SECONDARY ACCOUNT TYPE	ACCOUNT NUMBER	ROUTING NUMBER	AMOUNT
Checking			\$ _____
Savings			\$ _____
Savings			\$ _____

Cancel Direct Deposit

Section 2

Information on the benefit recipient

Name: _____ SSN: _____

Telephone 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: _____

Section 3 (this section must be filled out or the form cannot be processed)

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

Will the 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 YES - fill out the Foreign Financial Institution information below:

Foreign Financial Institution Name: _____

Foreign Financial Institution Identification Number: _____

Foreign Financial Institution Address: _____

Note to Benefit Payments users - if section 3 is checked "Yes", forward the form to the address listed above.

Section 4 - Certification

I certify 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: _____ Date _____