



Pension Direct Deposit Form

Participant's Name: _____
LAST FIRST MI

Social Security Number (SSN): _____

Direct Deposit Options (Check the Appropriate Box)

Direct Deposit Authorization Agreement

I hereby authorize State Street Retiree Services (authorized by Dresser, Inc.) to initiate automatic deposits to my account at the financial institution named below. I also authorize State Street Retiree Services to make withdrawals from this account in the event that a credit entry is made in error.

Direct Deposit Change Agreement

I hereby authorize State Street Retiree Services to change my automatic deposits into a different account at the financial institution named below. I also authorize State Street Retiree Services to make withdrawals from this account in the event that a credit entry is made in error.

Direct Deposit Cancellation Agreement

I hereby authorize State Street Retiree Services to cancel automatic deposits at the financial institution named below. I also authorize State Street Retiree Services to make withdrawals from this account in the event that a credit entry is made in error.

Mail Check to (address): _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____

Date: _____

Please attach a voided check and return this form to:

Dresser Benefits Group 15455 Dallas Parkway, Suite 1100 Addison, TX 75001	- OR -	Fax to: 972-361-9945
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If you have any questions, please contact Dresser Benefits at 1-866-325-8214, 8am-5pm CST weekdays.