



# 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.