

DIRECT DEPOSIT FORM

[]	
NAME	[]
SOCIAL SECURITY	[]
[]	
INSTITUTION NAME	[]
ABA ROUTING NUMBER	[]
ACCOUNT NUMBER	[]
ACCOUNT TYPE (choose one):	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

Participant's Authorization

I authorize Banco Popular de Puerto Rico to deposit my plan distribution (s) pursuant to the instructions provided above. If necessary, Banco Popular is also authorized to debit my account should any errors occurs with my plan distribution (s).

SIGNATURE

DATE

OFFICIAL USE:	
[]	
PROCESSED IN TRUST BY	[]
[]	
SIGNATURE	[]
DATE	[]

