

# Benefit Payment Direct Deposit Authorization



To guard against fraudulent activity, Wells Fargo Institutional Retirement and Trust requires that the identity of all payees be verified. Before we can process your request, we will need you to provide a **photocopy** of a government issued ID. Acceptable forms of government IDs include:

- Driver's License or other state photo identity card issued by the Department of Motor Vehicles (or equivalent) for the sole purpose of identification and not for evidence of employment status, student status, weapons permit, or other status.
- Passport
- Military ID
- Native American Tribal Photo ID

**If you do not have a government ID, validate your identity by having this form notarized below.**

Name:		Full Social Security Number:	
Street address:	City:	State:	Zip code:
Phone number:	Plan name:		

The undersigned authorizes and directs the Wells Fargo Institutional and Retirement Trust ("the Center") to electronically deposit recurring distributions from the retirement plan listed above to the designated checking or savings account of the undersigned. The undersigned agrees that each deposit shall be made as if authorized in writing by the undersigned. The undersigned further authorizes and directs the Center to debit or credit said account for the purpose of adjusting errors in amounts distributed. This authorization revokes all prior disbursement authorizations. The undersigned understands the Center reserves the right to cancel this agreement with prior notice, and the payee may cancel this authorization by providing written notice of cancellation to the Center not less than 30 days prior to the effective date of the cancellation. The undersigned agrees that the Center shall not be liable for losses caused by the depository institution's failure to act in accordance with this request.

Financial Institution:

Account type (select one):  Checking  Savings

ABA/Routing number (9 digits, cannot begin with '5'): \_\_\_\_\_ Bank account number: \_\_\_\_\_

Check here if depositing to more than one bank account and complete the reverse side of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness to payee's signature if no government ID is available, please use Notary Public:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, a Notary Public in and for said County and State, acknowledge that \_\_\_\_\_

(Payee's Name)

known to me (or satisfactorily proven) to be the person whose name is subscribed above, appeared before me on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and signed the above consent in my presence.

Notary Public Signature: \_\_\_\_\_ Notary Seal: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Return this form and supporting documents to:**

**Wells Fargo Institutional Retirement and Trust**  
**MAC: D4001-02C**  
**100 N Main Street**  
**Winston Salem, NC 27101-4047**

Changes received by the 15<sup>th</sup> of the month with proper documentation will be included in the next payment cycle. If you have any questions about this form, please contact the Retirement Service Center at 877-877-1207.