



**If you elect an Annuity option and do not complete and return this form,
your pension check will be mailed to your home address on file.**

Direct Deposit Form

Name of Payee: _____ Employee ID: _____

Payee's Authorization *(To be completed by Payee)*

- I hereby authorize that my pension benefit be electronically transferred through the use of the Automated Clearing House (ACH) to my account at the institution listed below.
- I verify the accuracy of the information below and agree to refund any amounts found to be overpayments based on this information, provided the funds are available in the account listed.
- This authorization will remain in effect until I have cancelled or changed it in writing. I understand that my institution will furnish the Trustee with the necessary assurance that it will refund any payment received or credited to my account in error or after my death.

Institution Name	Institution Address (include Branch if applicable)
ACH Routing / Transit Number	City State Zip
Payees' Bank Account Number	<i>Type of Account (please check one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature of Payee	Date

Direct Deposit will be through Electronic Funds Transfer unless the bank or financial institution listed above does not participate in the ACH or is located outside of the United States, or if the account information cannot be verified. If this form is not returned or is returned incomplete, your payment will be issued via check and will be mailed to your home address.

**RETURN ALL FORMS AND DOCUMENTATION TO:
Dow North America Benefits – Pension Paperwork
DEPT: DOW
PO Box 981901
El Paso, TX 79998**

Note: Only United States Postal Service mail will be accepted; please use Priority or Express mail for expedited service. You may also post all forms and documentation via Message Center at <https://dowbenefits.ehr.com>.