

310.440-6523 / <u>HR@getty.edu</u>

DIRECT DEPOSIT FORM The J. Paul Getty Trust

NAME: _____ Last 4 digits of SS#: _____

I hereby request all payments from the J. Paul Getty Trust Retirement Plan to be deposited in my account until such time as this authorization is revoked in writing. Benefit Payment funds will be sent via Automated Clearing House (ACH).

CHECK ONE ONLY:

Savings Account _____ Checking Account _____

BANK ROUTING NUMBER:																
	Must be 9 Digits															
PAYEE ACCOUNT NUMBER:																

Participant Signature

Date

(No electronic signatures accepted.)

PLEASE ATTACH A VOIDED CHECK, WHICH IS REQUIRED FOR **PROCESSING.**