



ELECTRONIC FUNDS TRANSFER AGREEMENT

Benefit Payment Services
3 Chase Metrotech Center, 6th Floor
Brooklyn, NY 11245

I am a participant in the DFW Employees Plan, and as such, am entitled to receive payments from JPMorgan Chase Bank, N.A. as Trustee, Custodian and/or Paying Agent for said Plan.

I hereby request that all payment due me under the Plan be sent directly to the financial institution named below for credit to my account. I understand that payments will be transferred electronically to the financial institution. If any payments are made to my account in error, I authorize JPMorgan Chase Bank, N.A. to initiate debit transactions to my account to correct the error. Further, if JPMorgan Chase Bank, N.A. should make a payment by electronic funds transfer (or check) subsequent to my death, I hereby agree, on behalf of my executors and administrators, that my estate will refund any such amount to JPMorgan Chase Bank, N.A.. I hereby authorize and direct the financial institution named below, promptly upon demand of JPMorgan Chase Bank, N.A., to return such payment to JPMorgan Chase Bank, N.A., and in the event such payment shall have been credited to my account, to charge said account and refund such payment to JPMorgan Chase Bank, N.A..

This authority will remain in full force until JPMorgan Chase Bank, N.A. has received written notification from me of its termination in such time and in such manner as to afford JPMorgan Chase Bank, N.A. a reasonable opportunity to act upon it.

Participant Signature

Date

To be completed by Participant. (Please print or type all information.)

Account Holder Name: _____ **Home Tel. No.** _____

ABA Routing/Transit Number: _____ **Account Type:** **Checking**

Savings

Account Number: _____

Please attach a voided check or have the following COMPLETED BY YOUR FINANCIAL INSTITUTION:

We acknowledge the direction in the above and hereby undertake to comply with it.

Financial Institution Name: _____

Street Address: _____

City, State, Zip: _____

Customer Name/Account #: _____

ABA Routing/Transit #: _____

Signature of Authorized Official

Date

Telephone #