

Retirees of the Goodyear Tire & Rubber Company Health Care Trust Authorization for Automatic Payment of Contribution

Please print in blue or black ink.

Part 1 - PARTICIPANT INFORMATION			
Last Name	First Name	MI	Social Security Number
Spouse's Name		Spouse SSN	
Street Address	City	State	Zip
Telephone Number			

Part 2 - BANK INFORMATION	
Name of Bank or Financial Institution	
Name as it appears on checking/ savings account	
Account from which you would like your payment to be automatically deducted: (check one)	
<input type="checkbox"/> Checking Account Please enclose a voided blank check (No starter checks and No deposit Slips)	<input type="checkbox"/> Statement Savings Account Please enclose a letter from your banking institution verifying your Savings Account Routing and Account number

Part 3 - PENSION DEDUCTION ELECTION
<input type="checkbox"/> Pension Deduction

Part 4- AUTHORIZATION FOR DIRECT PAYMENT OF RETIREE CONTRIBUTION				
I hereby authorize the Goodyear Retiree Healthcare Trust to initiate an ACH Debit or Pension Deduction to my account for contribution required for my Retiree Benefits and authorize the financial institution to charge such withdrawals to my account. This amount may be adjusted based on any overpayments or underpayments, including any charges by the financial institution due to insufficient funds in my account.				
<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>			Signature	Date
Signature	Date			

This completed authorization form should be sent to:

Goodyear Retiree Healthcare Trust
 60 Boulevard of the Allies, Fifth Floor
 Pittsburgh, PA 15222
 Fax: (412) 224-4465
 Email: GRTrust@cadsadmin.com

****Attach a voided check if you are authorizing deposit to a checking account.****

****Attach a letter from your banking institution listing routing and account number if you are authorizing deposit into a Savings Account****