

RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES
CHANGE OF DIRECT DEPOSIT AUTHORIZATION FORM

I hereby make the following requests and authorizations relating to my periodic benefit payments from the Retirement Plan for Chicago Transit Authority Employees' benefit Plan described below: (1) I request and authorize you to initiate credit entries to my Account indicated below; (2) I request and authorize the Retirement Plan for Chicago Transit Authority Employees' to initiate debit entries and adjustments for any credit entries made in error to my Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to my Account.

PARTICIPANT'S INFORMATION

First Name	Middle Name	Last Name		
Street Address	Apt. Number	City	State	Zip Code
Social Security Number	Badge Number	Phone Number		

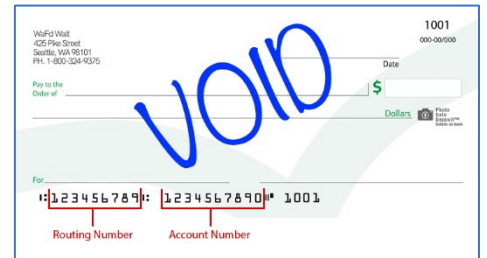
FINANCIAL INSTITUTION'S INFORMATION

Name of Financial Institution			
Checking	Savings	Bank Routing Number	Account Number

SIGNATURE

All participants must sign and return this form with a CLEAR copy of a valid state issued driver's license or ID.

I understand that you will verify the information provided above and, in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of this form. In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form. The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such time and in such manner as to afford you and my Financial Institution a reasonable opportunity to act on it. I hereby discharge you from all liability whatsoever for any actions taken by you in accordance with the above request and authorization.



PLEASE PROVIDE A VOIDED PERSONAL CHECK OR ACCOUNT DEPOSIT TICKET

Participant's Signature	Date
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NOTARIZATION (Notarization REQUIRED)

State of _____
County of _____
Signed (or subscribed or attested) to before me on (date) _____ By _____

(seal) _____
Signature of Notary Public