DIRECT DEPOSIT AUTHORIZATION



PART I

Name	Social Security	Date
I hereby authorize my pension paymen be directly deposited in my account Financial Institution designated below writing. If any such payments are mad of my death, I hereby authorize and dir the ArcelorMittal USA LLC Pension Pla	Number as the until such time as the le, the due dates of where the said Financial Institute of the said Financial Insti	located at the located at the located is authorization is revoked in located are subsequent to the date litution to refund same to that
Pension Recipient Signature:		
PART II		
To be completed by Financial Institution	n:	
Financial Institution Name:	· .	
Address:		
Check One: ACH Transfer	Check to Financi	al Institution
Bank Routing Number Payee's Acc	ount Number	
Account Type: (Check One)	Checking	☐ Savings
The above authorization and direction hereby agrees to accept such deposits, from the ArcelorMittal USA LLC Pensi deposits to which the person who signed or her death prior to the due date their deceased's account to cover such repayments.	and in consideration of on Plan agrees to repa the above direction we reof, provided that the	of the receipt of such deposits y to it the amount of any such as not entitled by reason of his
Financial Institution Authorized Signatu	ire	Date
Return To:		
ArcelorMittal USA LLC Attn: Retiree Services 3220 Dickey Road East Chicago, IN 46312 (800) 356-0078, Option 7	NOTE: this must be received by the 15 th of the month to be effective the first of the following month	

Personal Sensitive Data

Rev.: 12/2/2016