

**ENROLLMENT FORM FOR DIRECT DEPOSIT OF PENSION PAYMENTS
BY ELECTRONIC FUNDS TRANSFER**

• **SECTION I - AUTHORIZATION AGREEMENT** *(Completed by Pensioner)*

I, _____, hereby authorize you to deposit all pension/annuity payments due me from the **Local 441 Plumbers & Pipefitters Retirement Plan** directly into the account named below. This authority will remain in effect until I have given you written notice that I have terminated it. I understand that I must give you enough notice to allow you reasonable time to act on my instructions. In the event an overpayment should be credited to my account during or after my lifetime I authorize you to direct my bank to refund same to you and charge such payment to my/our account.

Pensioner Name – _____

Pensioner Signature _____ Date _____

Social Security Number _____ - _____ - _____

A joint account requires additional signature:

Additional Signature _____ Date _____

Pensioner Home Address _____

(City) (State) (Zip Code) (Area Code/Phone Number)

• **SECTION II - ENROLLMENT FORM**

Bank/Credit Union Name _____

Branch Address _____
(Street) (City) (State) (Zip Code)

Account Name _____

Account Number _____

Type of Account: (Check one box only) Checking Savings

Transit Routing/ABA Number: - -

(PLEASE PROVIDE A VOIDED BLANK CHECK OR PERSONALIZED DEPOSIT SLIP.)

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This section is for administrative purposes only. Do not complete!

Custody Account Number _____

Accepted by: _____

Entered by: _____

On: _____