



## Eighth District Electrical Fringe Benefit Funds

I, \_\_\_\_\_, wish to cancel my direct deposit of my  
(Printed name of payee)

Pension check from Eighth District Electrical Pension Trust. I understand my check will be mailed to my home address below:

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I further understand that if my Pension Check is not received by the first of the month, I must wait ten (10) business days after the 1<sup>st</sup> of the month before a stop payment may be put on the check and a new one issued.

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(Signature of payee)

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(Date)

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(Social security number of payee)

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(Phone number of payee)