Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension

DIRECT DEPOSIT REQUEST

Name _____ SSN _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

I, the undersigned, hereby authorize the Board of Trustees of the **Northern California Tile Industry Defined Benefit Pension** ("the Pension Plan") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

_____ _____

Signature **Date**

A COPY OF YOUR DRIVER'S LICENSE OR OFFICIAL PHOTO ID must be provided with this form.

The following is to be completed by the Financial Institution

AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the Northern California Tile Industry Defined Benefit Pension ("the Pension Plan"). The Financial Institution agrees to refund to the Pension Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan. **Please include a voided check or an Account Verification letter with this form for Checking Accounts. If it is a Savings Account, please include a Deposit Slip or an Account Verification letter.**

Name of Financial Institution _____

Can you accept "Automated Clearing House" transactions? Yes ☐ No ☐

Bank ABA No. _____ Account No. _____

Type of Account: ☐ Checking/Share Draft ☐ Savings

Branch _____ Phone # _____

Address _____

City _____ State _____ Zip code _____

_____ _____ _____

Signature of Authorized Representative Title Date

7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566
P.O. Box 1607 San Ramon, CA 94583
Phone 925.208.9995 • Toll Free 888.208.0250 • Facsimile 925.462-0108
www.bac3tilebenefits.org • staff@bac3tilebenefits.org