

# B.A.C. LOCAL NO. 3 PENSION PLAN

P O BOX 1607 • SAN RAMON, CA 94583

PHONE: (888) 208-0250 • FAX: (925) 362-8564

## DIRECT DEPOSIT REQUEST

Name of Payee: \_\_\_\_\_

Payee SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member's Name (if different from Payee): \_\_\_\_\_

Member's SS#: \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the B.A.C. Local No.3 Pension Plan ("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 of Payee**

\_\_\_\_\_  
**Date**

**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 B.A.C. Local No. 3 Pension Plan ("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.

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 \_\_\_\_\_

**Please return completed form properly signed to:**

P O Box 1607 • San Ramon, CA 94583

(925) 208-9995