



WESTERN WASHINGTON PAINTERS PENSION TRUST

DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ SSN# _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Name of Financial Institution _____

Bank Routing Number _____

Type of Account: ☐ Checking ☐ Savings

Account No. _____

* Please verify that your bank account allows ACH deposits

Note: If your account type is checking, please attach a voided check or an account verification from your bank. If your account type is savings, please attach a deposit slip. Verify that your routing number and account number are correct and are on the voided check and deposit slip.

Any requests received on or before the 10th of the month will be processed the following month. Requests received after the 10th of the month will be processed the 2nd month following the received request.

I hereby authorize the Board of Trustees of Western Washington Painters Pension Trust to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. 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

Please return completed form properly signed to:
Western Washington Painters Pension Trust Fund Office
PO Box 58830
Tukwila, WA 98138
Phone 206-518-9730 Fax 425 251-1976