

# DIRECT DEPOSIT AGREEMENT

Name of Payee \_\_\_\_\_ Social Security No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No \_\_\_\_\_

**Bank Account Information – Attach a voided check from your account and complete the information below. See sample check at the bottom of the page for help completing this section.**

Routing No.         Account No. \_\_\_\_\_

Type of Account:  Checking  
Attach a voided check

Savings

Contact your financial institution for the correct routing and account numbers, **do not attach a savings withdrawal form or a deposit slip!**

## **Financial Institution**

Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*If you are receiving this pension benefit as an Alternate Payee or a Beneficiary (e.g. a widow) of a Participant in the Pension Fund, please write the name and social security number of that Participant below:*

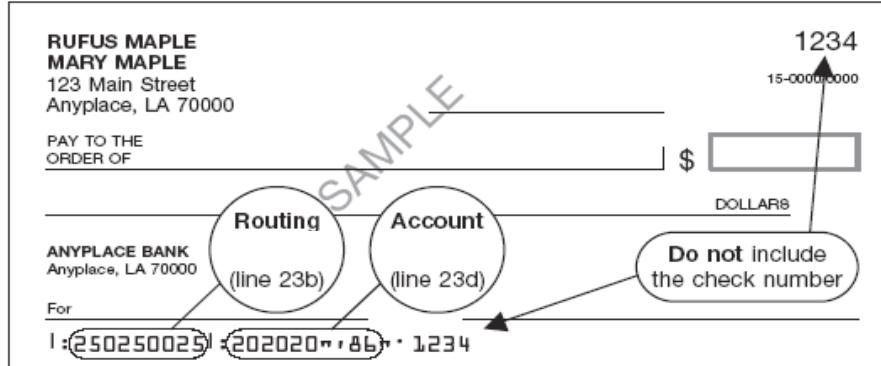
Participant \_\_\_\_\_ Social Security No \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) 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 Fund distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund the Pension Fund any amounts paid after my death.

Payee Signature \_\_\_\_\_

Date \_\_\_\_\_

Return original form to: Iron Workers St. Louis District Council Pension Fund at P.O. Box 1096, Maryland Heights, MO 63043



**Note:** The routing and account numbers may be in different places on your check.