

St. Louis Painters Vacation Fund

P.O. Box 1186, Maryland Heights, MO 63043

Tel (314) 656-1072 Fax (314) 739-1105 Staff@STLPBenefits.org

2025 Annual Distribution

Direct Deposit

The BEST way to receive your Vacation Benefit

And here's why...

Direct deposit is *safe* because your benefit payment is automatically deposited into your bank account – no more worrying about lost or stolen checks or delays caused by mail service.

Direct deposit is *fast* because no matter if you are sick or away from home, your check is still deposited into your account. No more standing in long bank lines or waiting for your check to clear.

Direct deposit is *easy* because your benefit payment is deposited into your checking or savings account on time, correctly and confidentially.

Please take a few minutes and complete the form on the back so you can take advantage of the benefits of Direct Deposit.

IMPORTANT

- **If you have a Direct Deposit Form on file, your Vacation Fund benefit will be deposited into the account on file unless a new agreement or a notice to revoke the current Direct Deposit agreement is received by the Benefit Office no later than October 31, 2025.**
- Direct Deposits will be made into your account on December 1, 2025.
- ONLY the Participant is allowed to pick up their check on December 11, 2025 at the Union Hall (located at: 2501 59th Street) between 7:00 am - 1:00 pm. **Participant must show valid photo ID.**
- Any checks NOT PICKED UP will be placed in the mail on December 11, 2025 for delivery to the address on file.
- **The Direct Deposit authorization form must be completed with all required information and received by the Benefit Office no later than October 31, 2025 for the December 1, 2025 annual distribution via direct deposit.**

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/or complete the information below. See sample check at the bottom of the page for help completing this section. PLEASE PRINT CLEARLY.

Routing No. Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

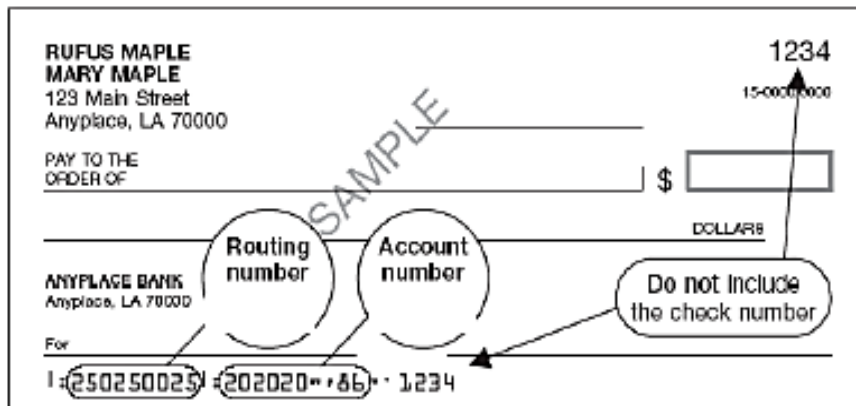
Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Vacation Fund ("the Vacation Fund") to deposit all amounts due to me under the Vacation Fund in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing. If at any time the Vacation Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Vacation Fund.

Payee Signature _____

Date _____



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