



Greater St. Louis Service Employees' Pension Trust

P.O. Box 1714, Maryland Heights, MO 63043
Toll Free (844) 939-1534 Telephone (314) 656-1084 Fax (314) 739-1105
Website: <https://www.ourbenefitoffice.com/SEIULocal1/Benefits/>

Direct Deposit

The **BEST** way to receive your Pension 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. It will take the Fund Office about 45 days after it receives your authorization to setup the procedure with your bank. You will be notified by mail each month that your check is electronically deposited. Please be assured there will be no interruption in your monthly benefit and there is no cost to you.

*****IMPORTANT*****

If you elect to begin direct deposit, please notify the Fund Office *immediately* whenever you change your address so that our records will be updated and you will continue to receive your monthly direct deposit statement. If you do not receive your monthly statement, please notify the Fund office immediately to avoid interruption in your monthly benefit.

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.

Routing No. Account No. _____

Type of Account: Checking Savings
Attach a voided check 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 _____

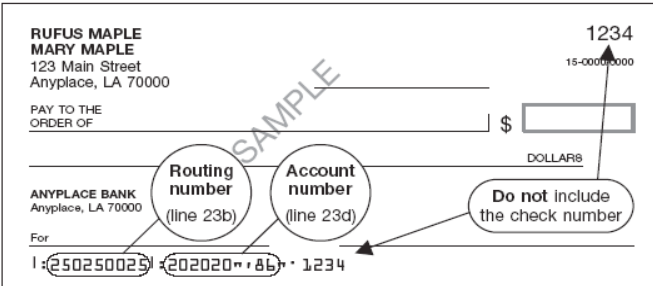
City _____ State _____ Zip _____

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. There will be a pre-note on the monthly benefit amount, for the first month following an update to the financial information provided.

Payee Signature (must be signed in the presence of a Notary) _____ Date _____

Subscribed to and sworn to before me,
This _____ day of _____, 20 _____

Notary Public, _____ County
State of _____
My Commission expires _____



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