

**Sheet Metal Workers Local 162 Fringe Benefits**  
**PO Box 1677**  
**San Ramon, CA 94583**  
**Telephone: (925) 208-9992 or Toll Free (866) 787-0162**

**DIRECT DEPOSIT CANCELLATION FORM**

I, \_\_\_\_\_ wish to cancel my direct deposit of my pension check from the Pension Trust Fund. I understand that my check will be mailed to my home address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Before me, a Notary Public in and for said County and State personally appeared \_\_\_\_\_, who acknowledged the truth of the statement in the forgoing affidavit on this \_\_\_\_\_ day of \_\_\_\_\_  
Month \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Name (please print) \_\_\_\_\_

County \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_