

**SHEET METAL WORKERS LOCAL 292  
PENSION FUND  
P.O. Box 189  
Troy, MI 48099-0189  
(248) 641-4992 (888) 646-6565**

**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 set up 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.

# 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.

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

Type of Account:  Checking  Savings

## **Financial Institution**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

*If you are receiving this pension benefit as 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 at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Signature \_\_\_\_\_

Date \_\_\_\_\_

