

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.

SMW LOCAL PENSION FUND (5700)
DIRECT DEPOSIT AGREEMENT (OPTIONAL)

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. **DO NOT** attach a deposit slip.

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 below. 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.

Signature

Date

SAMPLE

RUFUS MAPLE
MARY MAPLE
123 Main Street
Anyplace, LA 70000

PAY TO THE
ORDER OF _____ \$ _____

ANYPLACE BANK
Anyplace, LA 70000

For _____

Routing number Account number

1: (250250025) : 202020**86** 1234

1234
15-000000000

DOLLARS

Do not include the check number

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