



Teamsters Local 631 Trust Funds

CONSTRUCTION VACATION TRUST FUND

DIRECT DEPOSIT FORM

You must return this form to the Administrative Office with a voided check or bank form by November 7, 2025 to be eligible for direct deposit for the 2025 Construction Vacation Trust distribution.

To enroll in Direct Deposit Service, simply fill out this form and provide it to the Fund Administrative Office at the address shown below.

YOU MUST either: (1) attach a voided check for your checking account; or (2) attach a bank form showing your routing and account number. *If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your savings account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.*

The diagram shows a check with three boxes indicating where to find the required information:

- Routing/Transit #** (A 9-digit number always between these two marks)
- Checking Account #**
- Check #** (this number matches the number in the upper right corner of the check—not needed for sign-up)

Important! Please read and sign before completing and submitting.

I hereby authorize the **Teamsters Local 631 Construction Vacation Trust Fund**, to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize my Bank to accept and credit any credit entries indicated to my account. In the event that funds are erroneously deposited into my account, I authorize the **Teamsters Local 631 Construction Vacation Trust Fund** to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until I have provided written notice of its termination in such time and in such manner as to afford reasonable opportunity to act on it.

Employee Name (print) _____ **SS#** _____

Employee Address _____

Employee Email _____

Employee Signature _____ **Date** _____

Account Information

Bank Name/City/State: _____

Routing/Transit #: _____ **Account Number:** _____

☐ **Checking**

☐ **Savings**

Mailing Address: P.O. Box 400700 ♦ Las Vegas, NV 89140

8311 W. Sunset Road, Suite 250 ♦ Las Vegas, NV 89113

Toll Free 877-304-6702 ♦ Phone 702-415-2185 ♦ Facsimile 702-257-5361

www.teamsters631benefits.org ♦ staff@teamsters631benefits.org