



# Teamsters Local 631 Trust Funds

## CONVENTION INDUSTRY VACATION SAVINGS TRUST DIRECT DEPOSIT FORM

**You must return this form to the Administrative Office with a voided check or bank form by October 11, 2027 to be eligible for direct deposit for the 2027 Convention Vacation Savings 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 labels pointing to specific areas:

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

**Important! Please read and sign before completing and submitting.**

I hereby authorize the **Teamsters Local 631 Convention Industry Vacation Savings Trust** 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 Convention Industry Vacation Savings Trust** 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Email Address \_\_\_\_\_

Employee Telephone# \_\_\_\_\_

### **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](http://www.teamsters631benefits.org) ♦ [staff@teamsters631benefits.org](mailto:staff@teamsters631benefits.org)