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# U.A. Local No. 393 Benefit Funds

HEALTH & WELFARE, SUB, DEFINED BENEFIT PENSION AND DEFINED CONTRIBUTION

6293 San Ignacio Ave ▪ San Jose, CA 95119 ▪ P.O. Box 2460 ▪ San Jose, CA 95109-2460
(408) 588-3751 ▪ (408) 436-8210 fax ▪ Staff@ualocal393benefits.org ▪ www.ualocal393benefits.org

## DEFINED CONTRIBUTION DIRECT DEPOSIT AUTHORIZATION FORM FOR MONTHLY DISTRIBUTIONS

*Please complete this form to receive your monthly distributions via ACH deposit.*
*If you do not complete this form the monthly distributions will be issued via check.*

Name _____ SSN# _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Email Address: _____

Name of Financial Institution _____

Bank Routing Number _____ Account No._____

Type of Account: ☐ Checking ☐ Savings

**Note: If your account type is checking, please attach a voided check or bank direct deposit letter. If your account type is savings, please attach a deposit slip or bank direct deposit letter.** Verify that your routing number and account number are correct and are on the voided check and deposit slip.

I hereby authorize the Board of Trustees of U.A. Local No. 393 Defined Contribution Plan ("Plan") to deposit all amounts due to me under the Plan in my account at the Financial Institution named above. This authorization shall remain in effect until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Plan any amounts paid after my death.

_____ _____

**Signature** **Date**