



Utah Pipe Trades Trust Funds

Pension
Health and Welfare

DIRECT DEPOSIT REQUEST

Name of Payee _____ SSN: _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Member Name (if different from Payee) _____ SSN: _____

I, the undersigned, thereby authorize the Board of Trustees of the Utah Pipe Trades Pension Plan ("the Pension Plan") 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 Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

Signature of Payee

Date

AGREEMENT OF FINANCIAL INSTITUTION

The following is to be completed by the Financial Institution

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the Utah Pipe Trades Pension Plan ("the Pension Plan"). The Financial Institution agrees to refund to the Pension Plan, the amount of any pension benefit checks deposited in the Payee's account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan. **Include a voided check.**

Name of Financial Institution _____

Can you accept "Automated Clearing House" transactions? ☐ Yes ☐ No

Bank ABA No. _____ Account No. _____

Type of Account: ☐ Checking/Share Draft ☐ Savings

Branch _____ Phone # _____

Address _____

City _____ State _____ Zip code _____

Signature of Authorized Representative

Title

Date