



Eighth District Electrical Fringe Benefit Funds



I, _____, wish to cancel my direct deposit of my
(Printed name of payee)

Pension check from Eighth District Electrical Pension Trust. I understand my check will be mailed to my home address below:

I further understand that if my Pension Check is not received by the first of the month, I must wait ten (10) business days after the 1st of the month before a stop payment may be put on the check and a new one issued.

(Signature of payee) (Date)

(Social security number of payee) (Phone number of payee)