LOCAL 467 DEFINED BENEFIT PLAN
PENSIONER ELECTRONIC FUNDS TRANSFER REQUEST

Please attach voided check here.

NAME: _____

SS#: _____

ADDRESS: _____

_____

TELEPHONE #:_____

I request that my pension benefit check be deposited electronically into:

☐ **Checking Account #** _____

☐ **Savings Account #** _____

I agree with and understand the following:

(A) This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via ***Electronic Funds Transfer.***

(B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.

(C) If my home address changes, I will advise the plan office of the changes in writing.

(D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature:_____ **Date:**_____

For office use only:

☐ Add ☐ CA

☐ Change ☐ CA/Nacha Screen

☐ Delete