



LOCAL



***Welfare, Pension, Annuity, Job Training, Vacation & Sick Leave Trust Funds***

*2500 Marcus Avenue ■ Lake Success, New York 11042-1018 ■ (516) 488 2822 ■ (718) 343 3322 ■ (516) 488 4490 Fax*

## **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize Local 282 Pension Trust Fund hereinafter called FUND, to initiate credit entries and if necessary, debit entries and adjustments, for any credit entries in error, to my checking or savings account indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and credit the same to such account.

### ***PLEASE PRINT ALL INFORMATION***

Social Security Number: \_\_\_\_\_

Pensioner Last Name: \_\_\_\_\_

Pensioner First Name: \_\_\_\_\_

Bank/Depository Name: \_\_\_\_\_

Bank/Depository Branch: \_\_\_\_\_

Bank/Depository City: \_\_\_\_\_

Bank/Depository State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Type: ☐ CHECKING \*\*\*\* ☐ SAVINGS

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

To be filled out by your bank.

This authorization is to remain in full force and effect until the FUND has received written notification from me of its termination in such time and in such manner as to afford the FUND and DEPOSITORY a reasonable opportunity to act on it.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

Phone# X \_\_\_\_\_

**\*\*\*\* If your monthly pension check will be going into a checking account, please include a voided check with this form.**

