LOCAL 282

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.**