

ACH DIRECT DEPOSIT AUTHORIZATION

I authorize the **United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan**, to deposit with the financial institution noted below, for crediting to my account, any amounts due me from the Plan, to debit or adjust my account for any credit entered in error. I understand that pension payments are payable to me only during my lifetime. I, therefore, authorize and direct the bank designated herein to charge my account for any payment made after my death and to refund any such payment to the United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Fund. I understand this Direct Deposit Authorization shall remain valid until I notify the Pension Office in writing to the contrary.

Pensioner Name:		Pensioner Social Security # (last 4 digits):
Bank\Credit Union Name:	Bank\Credit Union Address:	Bank\Credit Union City, State Zip:
Routing Number (9 digits):	Account Number:	Check one: Checking Account _____ Savings Account _____

Is this a Joint Account? ____ Yes ____ No
 (If yes, both parties of the account must sign this document.)

 Member's signature Date

 Joint Account Holder's signature Date

<p><i>IF CHECKING ACCOUNT, ATTACH YOUR VOIDED CHECK HERE</i></p> <p>(write "VOID" in large letters on your check)</p> <p><i><u>If you do not provide us with a voided check you will need to provide the financial institution's routing number and your account number above.</u></i></p> <p>Please mail form back to: U F C W Local 655 Pension Fund 300 Weidman Road Ballwin, MO 63011</p>
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