

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, and 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 Fund Office in writing to the contrary.

Participant Name:		Participant Social Security # (last 4 digits):	
Bank/Credit Union Name:	Bank/Credit Union Street Address:	Bank/Credit Union City, State, Zip Code:	
Routing Number (9 digit):	Account Number:	Please check one: <div style="text-align: right;"> Checking Account _____ Savings Account _____ </div>	

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

X	X
Participant's Signature	Date
X	X
Joint Account Holder's Signature	Date

IF CHECKING ACCOUNT, ATTACH YOUR VOIDED CHECK HERE

(write "VOID" in large letters on your check)

If you do not provide us with a voided check you will need to provide your Bank/Credit Union's routing number and your account number above.

Please return this form to:
 UFCW Local 655 Pension Fund
 300 Weidman Road
 Ballwin, MO 63011