



LABORERS' DISTRICT COUNCIL CONSTRUCTION INDUSTRY PENSION FUND  
 665 North Broad Street, 2<sup>ND</sup> FLOOR • PHILADELPHIA, PA 19123  
 215-765-2014 • FAX 215-765-8329

## Direct Electronic Deposit Authorization

Print clearly in black or blue ink

**ELECTION: - PLEASE CHOOSE ONE-** You must sign and date this form to make any change

- New Pension Direct Deposit
- Change from my current financial institution to the financial institution listed below
- I am staying with my financial institution, but my account information has changed (see below)
- Cancel Direct Deposit and send my checks to the address listed below

**THIS PORTION TO BE COMPLETED BY PENSIONER:**

Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

<p>Fill out this section start or change your direct deposit. <b><u>If you are canceling your direct deposit, leave this section blank.</u></b></p> <p>Type of Account:    <input type="checkbox"/> Savings    <input type="checkbox"/> Checking    Effective Date: _____</p> <p>Name of Institution: _____</p> <p>Address of Institution: _____</p> <p>City: _____ State: _____ Zip Code: _____ Phone # _____</p> <p>Routing # (9 digits): _____ Account #: _____</p> <p>Financial Institution Authorizing Signature <b>X</b> _____</p>	<p><b>Financial Institution Stamp</b></p>
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Note: *Checking accounts require a voided check with the account holder's name pre-printed on the check, or a stamp from the financial institution on this form, or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.*

*Savings accounts require a stamp from the financial institution on this form or a signed letter from the financial institution on company letterhead confirming the account holder, routing number and account number.*

I hereby authorize the Laborers' District Council Construction Industry Pension Fund to (a) deposit my pension amount in my account, chosen above, and (b) to make adjustments and have my account charged for any erroneous credits or other amounts to which I am not entitled. I further understand that should I choose or change this account I must give a new completed form to the Pension Fund at least one month before the pension direct deposit is to be terminated.

I agree that receipt by the above bank or financial institution of my benefit payments from the Pension Fund shall be treated as receipt by me and that neither the Pension Fund, its trustees or its employees shall be responsible or liable in any way for any error or mishandling of the benefit payments by the bank or financial institution named above.

This authorization shall remain in effect until cancelled by me in writing and received by the Pension Fund.

Pensioner's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Original signature required to complete your request. Please Notarize \*\***

\*\*\*FOR OFFICE USE ONLY\*\*\*

Change by: _____	Processed by and date: _____	Prenote date: _____	DD date: _____
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