

# UFCW Local 1776 & Participating Employers Pension Fund

Wendell W. Young, IV  
Chairman

Dewey Cannella  
Secretary

## DIRECT DEPOSIT AUTHORIZATION

All benefit payments will be made electronically through Direct Deposit. In order to set up Direct Deposit, you must do the following:

1. complete and sign the form below;
2. attach a voided check (for deposits into checking accounts);
3. mail completed/signed form to the Fund office in the enclosed envelope

Please note that Direct Deposit will go into effect two (2) months following the receipt of this form, as the first month following is considered a “test month” to verify the electronic transfer will work properly between the Fund and your financial institution. Your benefit check during this “test month” will be mailed to the address contained in Fund records.

If you have any questions or concerns regarding this form, do not hesitate to contact the Fund Office at (610) 941-9400 or toll free at 1-800-458-8618 weekdays between 8:00 am and 4:30 pm.

Sincerely,

Pension Department

Authorization For Automatic Deposit Of Pension Check		INITIAL AUTHORIZATION <input type="checkbox"/>	CHANGE OF BANK/INST. <input type="checkbox"/>	CHANGE OF ACCOUNT <input type="checkbox"/>
Name Of Financial Institution		Pensioner's Phone Number		
Pensioner Mailing Address		City	State	Zip
Pensioner Name (Please Print)		Type Of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking		
Pensioner Soc. Sec. #	Account Number	Routing Number		

I authorize UFCW Local 1776 & Participating Employers Pension Fund, hereafter referred to as PENSION FUND, to deposit my periodic pay into my account identified as and held at FINANCIAL INSTITUTION named above, and I authorize that such account exists and that the FINANCIAL INSTITUTION can make debits or credits for the purpose of adjusting errors in the amount distributed.

My authorization will remain in effect until I give written notice to terminate this authorization to my PENSION FUND in sufficient time and manner as to allow my PENSION FUND to act upon it. In addition, either my PENSION FUND or the FINANCIAL INSTITUTION can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided my PENSION FUND with a copy of a voided check solely for the purposes of verifying my account and the financial Institution's routing number.

EMPLOYER TAX IDENTIFICATION NO. 23-6461717
---

\_\_\_\_\_

DATE

\_\_\_\_\_

PENSIONER'S SIGNATURE