



**Central Laborers' Annuity Fund
Direct Deposit Authorization Form**

Name: _____ SSN: _____

New Enrollment

Please complete and sign this form, and return it to Central Laborers' Fund office. Attach a voided check for the account or a deposit slip if account does not use checks.

Primary Account (check one) Checking or Savings

Financial Institution _____

City and State _____ Account No. _____

AUTHORIZATION STATEMENT

I hereby authorize Central Laborers' and the financial institution(s) listed above to deposit my Annuity benefit payment(s) electronically to the account that I have designated. If funds to which I am **not** entitled are deposited to my account, I authorize Central Laborers' to direct the financial institution(s) to return said funds. This authority will remain in effect until I have signed a new authorization or until I cancel my participation.

Note: If using a Credit Union, please verify your account number with your Credit Union.

**ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE**

SIGNATURE

DATE