



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

**PLEASE COMPLETE/RETURN THIS FORM IF YOU ARE NOT ELECTING A ROLLOVER OF YOUR ACCOUNT  
(DIRECT DEPOSIT IS REQUIRED FOR ALL NON-ROLLOVER PAYMENTS)**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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

**Primary Account (check one)**       Checking      or       Savings

Financial Institution \_\_\_\_\_

City and State \_\_\_\_\_

Account No. \_\_\_\_\_ Bank Routing 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 and bank routing number with your Credit Union.

**ATTACH VOIDED CHECK  
OR DEPOSIT SLIP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE