DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE COMPLETE AND RETURN THIS FORM – DIRECT DEPOSIT IS REQUIRED

_____

PRINT NAME – LAST FIRST MIDDLE

_____

Social Security Number

Complete and sign this form. 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. _____ Bank Routing No. _____

AUTHORIZATION STATEMENT

I hereby authorize Central Laborers' and the financial institution(s) listed above to deposit my pension benefit electronically to my account each month. 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(S)
OR DEPOSIT SLIP HERE

_____ _____

SIGNATURE **DATE**