
UFCW LOCAL ONE PENSION FUND



***DIRECT
DEPOSIT
SERVICE***

For Your Monthly Pension Payments

SAFE

- ◆ Eliminates lost or stolen checks
- ◆ Eliminates postal problems & delays
- ◆ Provides instant access to cash on payment date

CONVENIENT

- ◆ Avoids need to endorse checks
- ◆ Avoids need to visit bank to deposit checks
- ◆ Avoids need for special mailing arrangements when away from home



DIRECT DEPOSIT SERVICE

AVAILABLE

The UFCW Local One Pension Fund, similar to Social Security, has a service that provides for direct deposit of your pension payments into your checking or savings account. Join the thousands who are already enrolled and enjoying the convenience and safety of direct deposit.

QUESTIONS & ANSWERS

Q. Will it cost anything?

A. It is a free service.

Q. Will all banks accept Direct Deposit?

A. Most banks in the United States will accept Direct Deposit. Check with your bank.

Q. When will Direct Deposit of my payments begin?

A. Within 45 days of your properly completed and signed Enrollment Form.

Q. Can I stop the Direct Deposit arrangement at any time?

A. Yes, simply write us and advise us to terminate your Direct Deposit arrangement.

Q. How will my bank book or account be updated?

A. We recommend that you contact your bank for this information. Generally, the bank provides a monthly statement for those with checking accounts.

Q. How can I report a change in address, beneficiary, or other event?

A. Call or write to us at the address shown below.

When writing to us always include your Social Security Number and send to:

UFCW LOCAL ONE PENSION FUND
5911 AIRPORT ROAD
ORISKANY, NY 13424
315-797-9600
1-800-697-8329

ENROLLMENT

Simply fill out the following form and return it to the Fund Office.

**ENROLLMENT FORM FOR DIRECT DEPOSIT
OF PENSION PAYMENTS**

By completing and returning of this form, you may have your benefit payments transferred directly to your bank or other financial institution for deposit.

Financial Institution to which payment is to be made:

Bank Name _____

Branch _____

Address _____

Phone _____

For Deposit to:

CHECKING

SAVINGS _____

Bank Transit/ABA Number * Account Number *

(* Please confirm these numbers with your bank prior to submission.)

NOTE: You must attach a copy of your deposit slip, voided check or some other printed record showing your account number. We cannot establish an account without this information.

AUTHORIZATION AGREEMENT

By this Agreement, I authorize the UFCW Local One Pension Fund (The Fund) and the financial institution noted above to initiate electronic credit entries to my account, for any amount due me from the Fund.

Further, I authorize said financial institution to refund the Fund any amounts paid in error or which may be paid after my death and to charge my account accordingly.

I agree to periodically furnish the Fund with evidence of my survival.

I reserve the right to cancel this authorization and direction by giving written notice to the Fund Office.

Name (Printed)

SSN

Signature

Date