



ENROLLMENT FORM DIRECT DEPOSIT OF PENSION PAYMENTS

By completing and returning 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: _____

Bank Transit/ABA Number (Routing Number) _____

Check One - For Deposit to: Checking Savings

Account # _____

**NOTE: You must attach a voided check or some other printed record showing
The Account & ABA (Routing) Numbers. 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.

PRINT NAME

SOCIAL SECURITY #

SIGNATURE

DATE