

# UNITED FOOD AND COMMERCIAL WORKERS UNION AND PARTICIPATING FOOD INDUSTRY EMPLOYERS

## TRI-STATE PENSION FUND

**3031 B. WALTON ROAD  
PLYMOUTH MEETING, PA 19462**

(866) 928-8329 • (610) 941-4282

Fax (610) 941-9347

Email: [tsfund@ufcwtristatepensionfund.org](mailto:tsfund@ufcwtristatepensionfund.org)

Web Site: [tsfund@ufcwtristatepensionfund.org](http://tsfund@ufcwtristatepensionfund.org)

Dear Pensioner:

Below is Direct Deposit authorization for you to deposit your monthly Pension check directly into your bank account or on a rapid! Paycard.

a. Yes, I want to have my monthly pension payment deposited directly into my bank account.

OR

b. Yes, I want my monthly pension payment deposited directed on a "rapid!" Paycard. I understand this election will remain in force until I have provided written notification asking to cancel this service and have submitted the appropriate completed direct deposit forms to the Fund Office.

In order to set up Direct Deposit, you must do the following:

1. complete and sign the form below;
2. attach a voided check;
3. mail completed/signed form to the Fund office in the enclosed envelope

**Please note that the Direct Deposit will go into effect two (2) months following the receipt of this form, as the first month following is considered a "test month" to verify the electronic transfer will work properly between the Fund and your financial institution. This will send a paper check to your home for one month. Afterwards, your pension checks will go direct deposit into the account provided below.**

If you have any questions or concerns regarding this matter, do not hesitate to contact the Fund Office at (610) 941-4282 or toll free at 1-866-928-8329 weekdays between 8:00 a.m. and 5:00 p.m.

Sincerely,

*Fund Office*

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF PENSION CHECK		INITIAL AUTHORIZATION <input type="checkbox"/>	CHANGE OF BANK/INST. <input type="checkbox"/>	CHANGE OF ACCOUNT <input type="checkbox"/>
NAME OF FINANCIAL INSTITUTION		PENSIONER'S PHONE NUMBER		
PENSIONER MAILING ADDRESS		CITY	STATE	ZIP
PENSIONER NAME (PLEASE PRINT)		TYPE OF ACCOUNT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		
PENSIONER SOC. SEC. #	ACCOUNT NUMBER	ROUTING NUMBER		

I authorize United Food and Commercial Workers Union and Participating Food Industry Employers Tri-State Pension Fund, hereafter referred to as PENSION FUND, to deposit my periodic pay into my account identified as and held at FINANCIAL INSTITUTION named above, and I authorize that such account exists and that the FINANCIAL INSTITUTION can make debits or credits for the purpose of adjusting errors in the amount distributed.

My authorization will remain in effect until I give written notice to terminate this authorization to my PENSION FUND in sufficient time and manner as to allow my PENSION FUND to act upon it. In addition, either my PENSION FUND or the FINANCIAL INSTITUTION can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I have provided my PENSION FUND with a copy of a voided check solely for the purposes of verifying my account and the financial Institution's routing number.

EMPLOYER TAX IDENTIFICATION NO. 23-6396097
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PENSIONER'S SIGNATURE

rev.8.2016